



Proposal for a Menu of New Criteria for Accreditation with Commendation

January 2016



Message from the ACCME President and CEO



We are pleased to open [a call for public comment](#) about our proposal for a menu of new criteria for Accreditation with Commendation, in accordance with our [Rule-Making Policy](#). We invite you to submit your comments through **February 16, 2016, at 5:00 pm Central**.

The goal of the proposed new criteria is to encourage and reward accredited continuing medical education (CME) providers for implementing best practices in pedagogy, engagement, evaluation, and change management, and to focus on generating meaningful outcomes. The proposal reflects the recommendations we have gathered from a diverse range of stakeholders about how to advance CME's role in the changing health environment and leverage the power of education to improve healthcare.

The proposed commendation criteria are designed to serve as a guidepost for the future of CME. We want to recognize the terrific achievements of organizations that advance interprofessional collaborative practice, address public health priorities, create behavioral change, show leadership, leverage educational technology, and demonstrate the impact of education on healthcare professionals and patients.

Implemented in 2008, the current criteria for Accreditation with Commendation were designed to position the CME community as a strategic asset to the quality improvement and safety imperatives of the US healthcare system. Over the years, our CME providers demonstrated an increasing ability to meet the expectations of the criteria. Currently, about 50% of providers successfully achieve commendation status, demonstrating—among other attributes—that they integrate CME into the process for improving professional practice and act as strategic partners in quality initiatives through collaborative alliances.

In response to this growing success, and as part of its strategic planning, the ACCME has engaged in ongoing dialogue with the CME and stakeholder communities to identify a greater range of commendable practices. This proposal incorporates feedback to a [draft proposal](#) that was circulated in 2014—which received widespread [support](#) from the CME community, with about 75% of CME provider survey respondents, representing a range of organizational types and sizes, reporting that the proposed criteria would make Accreditation with Commendation feasible for them.

By meeting the expectations of the current criteria, CME providers have proven their capacity to become strategic partners in healthcare safety and quality initiatives. The CME community asked us to reward them for even higher levels of achievement—and this proposal is a response to those aspirations.

I invite you to review the overview and proposed criteria on the following pages and to submit your comments via our [survey](#). Please feel free to share this proposal with your colleagues and invite them to participate—we welcome ideas from all who are engaged with and care about the future of medical education.

I look forward to your comments, to our ongoing collaboration, and to continuing to work together with you as we advance CME's role in the changing health environment and improve care for the patients we serve.

A handwritten signature in black ink that reads "Graham McMahon". The signature is fluid and cursive, with a large initial "G" and "M".

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Overview

Categories of Proposed Criteria for Accreditation with Commendation

There are 16 proposed criteria, grouped into the following five categories:

- Inclusive Teaching and Learning
- Addressing Public Health Priorities
- Creating Behavioral Change
- Demonstrating Leadership
- Achieving Outcomes

Menu Structure

The commendation criteria are structured as a menu that will give accredited CME providers the opportunity to choose the ones that are appropriate for their organization. The purpose of the menu structure is to promote best practices, reflect the diversity of the CME community, create flexibility, and offer a pathway for all CME provider types to achieve Accreditation with Commendation.

To be eligible to achieve Accreditation with Commendation, an accredited CME provider will need to demonstrate compliance with existing core Accreditation Criteria 1–13, and:

1. Demonstrate compliance with at least one criterion from each of the five categories
and
2. Demonstrate compliance with at least eight of the criteria

Supporting Information

Each criterion is accompanied by supporting information designed to assist CME providers in understanding and meeting the ACCME's expectations:

- The rationale for the criterion's inclusion
- The critical elements required to demonstrate compliance
- The standard for measuring compliance

Important Points and Timeline

Call for Comment: The ACCME will accept comments through February 16, 2016 at 5:00 pm Central. The [call for comment survey](#) gives you the opportunity to provide your input on the menu structure and about each of the proposed 16 criteria. There is an additional comment section at the end of the survey for you to provide more feedback.

Board of Directors Review: The ACCME Board of Directors will review the comments at its March 2016 meeting and determine whether to make modifications to the criteria.

Current Criteria Remain in Place: The current commendation Criteria 16–22 remain in place and accredited CME providers should continue to comply with them, in addition to complying with the existing core Accreditation Criteria 1–13, to achieve Accreditation with Commendation.

Transition Plan: Once the Board of Directors has finalized the criteria, the ACCME will release a transition plan for the CME community. The new criteria will be implemented for ACCME-accredited and state-accredited providers. (There is no change to requirements for [Joint Accreditation for Interprofessional Continuing Education™](#).) There will be an extended transition phase, during which accredited providers will have the option of demonstrating compliance with the current **or** new commendation criteria. The transition phase will serve two purposes: it will ensure that CME providers that have been working to achieve or sustain commendation under the current criteria will continue to have that opportunity; and it will give providers time to prepare to meet the expectations of the new criteria. As always, compliance with the commendation criteria will be optional for CME providers and is not required to achieve Accreditation.

Achieving Accreditation with Commendation: Accredited providers will need to continue to demonstrate compliance with the existing core Accreditation Criteria 1–13 to be eligible to achieve Accreditation with Commendation, in addition to meeting the expectations of the current or new commendation criteria.

Education and Resources: The ACCME will provide ongoing education and training for Recognized Accreditors, accredited CME providers, volunteers, and other stakeholders to support the CME community’s successful adoption of the new criteria.

For More Information: Visit our [Proposal for New Criteria for Accreditation with Commendation:](#) webpage for information links to relevant materials, and updates.



Proposal for a Menu of New Criteria for Accreditation with Commendation

Proposed Criteria	Rationale	Critical Elements	The Standard
Inclusive Teaching and Learning			
C23 Engages in interprofessional collaborative practice in the planning and delivery of IPCE.	Interprofessional collaborative practice is when multiple health workers from different professional backgrounds work together with patients, families, caregivers, and communities to deliver the highest quality of care. Interprofessional continuing education (IPCE) is when members from two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes. This criterion will reward accredited providers that work collaboratively with multiple health professions to develop interprofessional continuing education.	<input type="checkbox"/> Includes planners from more than one profession (representative of the target audience) AND <input type="checkbox"/> Includes faculty from more than one profession (representative of the target audience) AND <input type="checkbox"/> Uses team-based evaluation	<input type="checkbox"/> ≥25% of activities and/or learners
C24 Engages patient/public representatives in the planning and delivery of CME.	Accredited education 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 accredited program.	<input type="checkbox"/> Planners include patients and/or public representatives who are not healthcare professionals AND <input type="checkbox"/> Teachers/authors include patients and/or public representatives who are not healthcare professionals	<input type="checkbox"/> ≥25% of activities and/or learners
C25 Engages health professions' students in the planning and delivery of CME.	CME is an integral part of the continuum of medical education and needs to continually evolve to support emerging generations of health professionals. Student engagement in planning and delivering activities will facilitate the development of CME that will meet their needs as future participants. The criterion rewards providers for building bridges across the education continuum and for creating an environment that encourages students and professionals to work together to fulfill their commitment to lifelong learning.	<input type="checkbox"/> Planners include health professions' students AND <input type="checkbox"/> Teachers/authors include health professions' students	<input type="checkbox"/> ≥25% of activities and/or learners
Addressing Public Health Priorities			
C26 Provides CME about health informatics and the use of practice data.	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 how to apply the wisdom gained from practice data for practice and/or quality improvement.	<input type="checkbox"/> Develops and implements CME on health informatics or the use of practice data	<input type="checkbox"/> ≥10% of activities
C27 Provides CME about implementation strategies to improve public health.	This criterion rewards providers for expanding their programs beyond clinical care education to address factors affecting the health of populations. To achieve compliance, the accredited program will teach learners how they can implement change in health behaviors, social and economic factors, and the public's physical environment.	<input type="checkbox"/> Provides CME that directly addresses public health concerns AND <input type="checkbox"/> Provides CME about strategies to achieve improvements in public health	<input type="checkbox"/> ≥10% of activities

Proposed Criteria	Rationale	Critical Elements	The Standard	
Creating Behavioral Change				
C28	Develops communication skills of learners.	Communication skills are essential to most aspects of professional practice. This criterion will reward providers that help learners become more self-aware of their communication skills, and implement educational interventions to improve those skills.	<input type="checkbox"/> Uses an objective assessment of communication skill AND <input type="checkbox"/> Provides feedback to the clinician using the assessment	<input type="checkbox"/> ≥10% of learners and/or activities
C29	Develops technical and procedural skills of learners.	Technical and procedural skills are essential to many aspects of professional practice, and can need updating, reinforcement, and reassessment. This criterion will reward providers that help learners gain technical and procedural skills.	<input type="checkbox"/> Uses an objective assessment of technical or procedural skill AND <input type="checkbox"/> Provides feedback to the clinician using the assessment	<input type="checkbox"/> ≥10% of learners and/or activities
C30	Creates individualized learning plans for learners.	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 baseline individual practice gap and needs may be derived from a variety of sources. The provider creates an individual, longitudinal curriculum for each learner, or customizes an existing curriculum for the learner. The personalized education needs to be designed to close the individual's professional practice gaps. Providers are expected to repeatedly evaluate and provide feedback to the learner about their competence, performance, or patient outcomes relative to the identified gaps and needs.	<input type="checkbox"/> Assesses the learner repeatedly AND <input type="checkbox"/> Provides individualized feedback to the learner AND <input type="checkbox"/> Provides individualized recommendation to the learner for activities that close learning gaps	<input type="checkbox"/> ≥10% of learners and/or activities
C31	Provides services and resources to generate and sustain long-term behavioral modification of learners.	Repeated engagement can sustain change. This criterion will reward providers that create supplemental services (e.g., reminders) and resources (e.g., instructional material online) that have meaningful ongoing utility to learners. The provider can demonstrate that their tools have value by tracking and reporting utilization.	<input type="checkbox"/> Provides services and resources (e.g., reminders, repeat assessments) AND <input type="checkbox"/> Demonstrates ongoing use of the system or resources	<input type="checkbox"/> ≥10% of learners and/or activities
Demonstrating Leadership				
C32	Engages in CME research and scholarship.	CME professionals should share best practices by developing and supporting innovative approaches, studying them, and disseminating the findings with our healthcare education community. This criterion is designed to encourage and reward this scholarly effort.	<input type="checkbox"/> Conducts research relevant to CME AND <input type="checkbox"/> Produces data or information relevant to CME AND <input type="checkbox"/> Publishes abstract or manuscript in a peer-reviewed journal	<input type="checkbox"/> Once for every year of term
C33	Engages in continuous professional development as educators.	CME professionals need to maintain and develop their own skills. This criterion will reward providers if the majority of the CME team has participated in continuing professional development (CPD) in domains relevant to the CME enterprise.	<input type="checkbox"/> Includes participation by at least half of the CME team AND <input type="checkbox"/> Participation occurs every year AND <input type="checkbox"/> Topics are relevant to CME function	<input type="checkbox"/> ≥50% of the CME team in external activities annually
C34	Creates collaborations with other organizations to more fully achieve healthcare goals.	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 by creating collaborations that enhance the efficacy of the education.	<input type="checkbox"/> Engages with other healthcare or community organization AND <input type="checkbox"/> Collaborates in initiative about improving healthcare AND <input type="checkbox"/> Generates meaningful and measurable collaboration	<input type="checkbox"/> ≥10% of activities
C35	Demonstrates creativity or innovation in the development or delivery of CME.	Education is evolving and CME programs should demonstrate leadership and creativity by designing and implementing innovative programs that improve the efficiency, efficacy, and impact of CME on learners, systems, patients, and our communities.	<input type="checkbox"/> Demonstrates use of an educational approach that was novel, creative, or innovative in the field of CME at the time it was launched	<input type="checkbox"/> Once for every year of term

Proposed Criteria	Rationale	Critical Elements	The Standard	
Achieving Outcomes				
C36	Demonstrates the impact of the CME program on the performance of individual health professionals.	This criterion takes accredited CME beyond designing activities to change performance and measuring whether change occurred. This criterion will reward providers that can demonstrate the impact on the performance of individual learners.	<input type="checkbox"/> Measures performance of individual health professionals AND <input type="checkbox"/> Demonstrates the impact on the performance of individual health professionals AND <input type="checkbox"/> Connects impact on performance to the learning activity(ies)	<input type="checkbox"/> Demonstrated impact on performance for ≥10% of program’s learners OR <input type="checkbox"/> Measured impact on performance for ≥25% of program’s learners
C37	Demonstrates the impact of the CME program on process improvement.	Changing processes of care is often a key step that enables improvements in patient outcomes and safety. This criterion rewards providers that can demonstrate the impact of the CME program on process and/or quality improvement.	<input type="checkbox"/> Measures processes of care AND <input type="checkbox"/> Demonstrates the impact on the process and/or quality improvement AND <input type="checkbox"/> Connects impact on process and/or quality improvement to the learning activity(ies)	<input type="checkbox"/> Demonstrated impact on process(es) or quality of care in ≥10% of activities OR <input type="checkbox"/> Measured impact on process(es) or quality of care in ≥25% of activities
C38	Demonstrates the impact of the CME program on the health of patients/communities.	Our shared goal is to improve the health of our patients and communities. This criterion rewards providers who can demonstrate the impact of the CME program on improvements in the health of patients/communities.	<input type="checkbox"/> Measures patient/community health outcomes AND <input type="checkbox"/> Demonstrates the impact on the health of patients/communities AND <input type="checkbox"/> Connects impact on the health of patients/communities to the learning activity(ies)	<input type="checkbox"/> Demonstrated impact on the health of patients/communities at least once in each year of term OR <input type="checkbox"/> Measured impact on the health of patients/communities at least once for every year of term