

ACCME Notes on the Accreditation Criteria

The following Accreditation Criteria include comments developed by the ACCME.

CRITERION 1

The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

ACCME Note:

The ACCME is looking for explicit information about expected results in the CME mission, in order to understand how the organization intends to change their learners' (competence and/or performance and/or patient outcomes) through an overall CME program. Compliance is determined when the expected results are 'articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.'

CRITERION 2

The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

ACCME Note:

Provider identifies gaps between current practice or outcomes and desirable or achievable practice or outcomes (i.e., professional practice gaps). The provider deduces needs as the 'knowledge causes,' 'strategy causes,' or 'performance causes' of the professional practice gap(s). The key for compliance is to be able to show ACCME that planning included the identification of a professional practice gap from which needs were identified. A common theme in the noncompliance descriptions is that the ACCME could not find in the description any evidence that a professional practice gap was identified. Professional practice is not limited to clinical, patient care practice but can also include, for example, research practice and administrative practice.

CRITERION 3

The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

ACCME Note:

This criterion is the implementation of Criterion 2 in the provider's overall program of CME. In the planning of its program of CME activities, the provider must attempt to change physicians' competence, performance, or patient outcomes, based on what was identified as needs (that underlie a professional practice gap). The ACCME's expectation is that the education will be designed to change learners' strategies (competence), or what learners actually do in practice (performance), or the impact on the patient or on healthcare (patient outcomes). The ACCME affirms that 'knowledge' is acceptable content for accredited CME. With respect to Criteria 3 and 11, even if the preponderance of a provider's activities is focused solely on changing knowledge, the provider must still show how these activities contribute to the overall program's efforts to change learners' competence, or performance or patient outcomes.

CRITERION 4

This Criterion has been eliminated effective February, 2014.

CRITERION 5

The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.

ACCME Note:

All activity formats (e.g., didactic, small group, interactive, hands-on skills labs) are perfectly acceptable and must be chosen based on what the provider hopes to achieve with respect to change in competence, performance, and/or patient outcomes. The ACCME is looking for information to demonstrate that the choice of educational format took into account the setting, objectives, and desired results of the activity.

CRITERION 6

The provider develops activities/educational interventions in the context of desirable physician attributes [eg, Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) Competencies].

ACCME Note:

The ACCME is looking for an active recognition of “desirable physician attributes” in the planning process (e.g., “*We have planned to do a set of activities that touch on professionalism and communications to address our patients’ concerns that they are not receiving complete discharge instructions – which is the identified professional practice gap.*”). The simple labeling of an activity with a 'competency' is a start and provides the learner with information with which to choose an activity and potentially will be important for reporting purposes within [Maintenance of CertificationTM](#).

CRITERION 7

The provider develops activities/educational interventions independent of commercial interests. (SCS 1, 2, and 6).

ACCME Note:

Accredited continuing medical education is always designed and presented in a manner whereby the accredited provider retains control of the content of CME. Providers are expected to ensure that activity planning and implementation is in the hands of the provider. The provider must obtain information from all those in control of content (e.g., planners, teachers, and authors) so as to allow for the management and resolution of potential conflicts of interest. The provider must disclose to learners the relevant financial relationships of all those who control the content of CME.

MSV Note: The ACCME identified three special-use cases where [employees of ACCME-defined commercial interests](#) can have a specific, limited role in accredited CME activities.

Related Standards:

See Related Standards

See Standards for Commercial Support 1, 2.1 and 6 – [Standard 1: Independence; Standard 2-Disclosure to provider and Resolution, Standard 6-Disclosure to Learner](#)

CRITERION 8

The provider appropriately manages commercial support (if applicable, SCS 3 of the ACCME Standards for Commercial SupportSM).

ACCME Note:

If they chose to accept commercial support, providers are expected to solicit, accept, and use commercial support appropriately and in accord with the parameters of Standard 3 of the ACCME Standards for Commercial Support. Even if the provider does not accept commercial support, the provider is still expected to have policies and procedures in place that govern how (if) they pay honoraria and reimburse expenses for those involved in the planning and presentation of their CME activities.

Related Standards:

See Standards for Commercial Support 3.1-3.13 - [Standard 3: Appropriate Use of Commercial Support](#)

CRITERION 9

The provider maintains a separation of promotion from education (SCS 4).

ACCME Note:

Providers must ensure that their learners can participate in educational activities without seeing, reading or hearing promotional or marketing information from commercial interests. Further, accredited providers must ensure that the selling of advertising or exhibit space is a business transaction entirely separate from the acceptance of commercial support for accredited CME.

Related Standards:

See Standard 4.1-4.4 - [Standard 4: Appropriate Management Associated with Commercial Promotion](#)

CRITERION 10

The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).

ACCME Note:

Providers are expected to ensure that their CME programs and activities advance the public interest without bias that would influence health professionals to overuse or misuse the products or services of a commercial interest.

Related Standards

See Standard 5.1-5.2 - [Standard 5: Content and Format without Commercial Bias](#)

CRITERION 11

The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

ACCME Note:

The provider is asked to analyze the overall changes in competence, performance, or patient outcomes facilitated by their CME program using data and information from each CME activity. Providers who only measure change in knowledge in all their activities will not have any data on change in competence, performance, or patient outcomes to analyze.

CRITERION 12

The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.

ACCME Note:

The provider is asked to integrate C11 information with a broader view of the CME program and organization – to determine the program's success at meeting the expected results of its CME mission as described in C1. There are clear relationships between C11, C12, and C13 which relate to improvement plans based on this program-based analysis.

CRITERION 13

The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.

ACCME Note:

The provider 1) identifies its own 'professional practice gaps' in terms of its performance as a CME provider – 2) creates a strategic plan for organizational improvement, based on the insights from C11 and 12, and 3) implements needed or desired changes.

CRITERION 14

This criterion has been eliminated effective February 2014.

CRITERION 15

This criterion has been eliminated effective February 2014.

The following are the ACCME Criteria for accreditation with commendation. They are effective until November 2019. From now until November 2019, providers may comply with the following criteria to be considered for accreditation with commendation or comply with the new ACCME Criteria for Commendation.

CRITERION 16

The provider operates in a manner that integrates CME into the process for improving professional practice.

ACCME Note:

The onus is on the provider to show that they have inserted CME into the processes to improve professional practice. Providers need to show that their CME program has a presence, influence, or contributory role in practice improvement. The provider goes beyond activity planning to show that CME is used as one of the tools to improve professional practice. C16 can also be about the use of CME in facilitating systems based quality improvement activities if the quality improvement activity is about changing professional practice.

MSV Note: The ACCME requires at least two examples to demonstrate compliance.

CRITERION 17

The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).

ACCME Note:

The ACCME is looking for evidence of the use of strategies such as, but not limited to, rewards, process redesign, peer review, audit feedback, monitoring, reminders as tools to enhance, or facilitate, change. Some providers are concerned that some of these may be considered 'educational' as they potentially change what people 'know' or because they inform learners (e.g., "It may be time for you to call back your patients with..."). In C17, the ACCME is looking for tactics that go beyond the educational activity or intervention. Essentially, the ACCME is looking for providers to be broadening the range of tools they use to facilitate change. We are providing specific examples of what the ACCME has been accepting as 'non educational strategies'

MSV Note: The ACCME requires at least two examples to demonstrate compliance.

CRITERION 18

The provider identifies factors outside the provider's control that impact on patient outcomes.

ACCME Note:

The provider has data and information that explains patient outcomes, beyond the performance of their learners. Here the provider demonstrates knowledge of the factors contributing to the health care 'quality gap' about which they are concerned.

MSV Note: The ACCME requires at least two examples to demonstrate compliance.

MSV Note: [County Health Rankings and Roadmaps](#) identifies quality measures in your community affecting healthcare outcomes.

CRITERION 19

The provider implements educational strategies to remove, overcome or address barriers to physician change.

ACCME Note:

The provider has data and information on barriers to change applicable to its own learners, and incorporates these insights into its CME program through activities. In C19, the provider shows that activities are included in their educational program focused on 'overcoming barriers to physician change.' [At least two examples must be provided to demonstrate compliance.

MSV note: Changing the time or format of CME activities is not considered a strategy to remove, overcome or address barriers to physician change.

CRITERION 20

The provider builds bridges with other stakeholders through collaboration and cooperation.

ACCME Note:

The provider allies itself with other organizations or components of its own organization in a purposeful manner to achieve common interests. These collaborations may support any aspect of the provider's CME program in service of achieving its mission. The ACCME does not consider joint sponsorship, in itself, as a collaboration that will guarantee compliance with C20. However, joint sponsorship can be a byproduct of a larger collaboration and if this larger collaboration is described for ACCME, then it could result in compliance with C20. In C20, the ACCME is looking for active engagement in collaborative and cooperative projects.

MSV Note: The ACCME requires at least two examples to demonstrate compliance.

CRITERION 21

The provider participates within an institutional or system framework for quality improvement.

ACCME Note:

The provider is focused on integrating and contributing to healthcare quality improvement. In C21, the provider has evidence that CME has become a part of institutional, or system, quality improvement efforts. 'System' can also include the network of other organizations in the health care 'system'. (Note: organizational self-assessment and improvement focused on improving the quality of the CME program are recognized and reward in C12-15, not in C21.)

CRITERION 22

The provider is positioned to influence the scope and content of activities/educational interventions.

ACCME Note:

There is evidence of the provider's control of the development of CME activities from inception of the idea for the CME activities to evaluation. In C22, the ACCME is looking for the provider's integral involvement in all CME activities, including those that are jointly provided.