REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 8-A-17

Subject: ACCME® Proposed Changes in "Accreditation with Commendation" Continuing Medical Education Criteria Assessment Methodology

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American Medical Association (AMA) Policy D-300.977, "ACCME Proposed Changes in 'Accreditation with Commendation' Continuing Medical Education Criteria Assessment Methodology," asks that the AMA continue to monitor the proposed Accreditation Council for Continuing Medical Education (ACCME®) "Accreditation with commendation" criteria, provide input to the ACCME Board of Directors, and report to the AMA HOD once the criteria are approved and implemented.

The new criteria and an implementation timeline have now been approved by the ACCME. This informational report will: 1) provide background on the ACCME's development of the recently adopted Menu of New Criteria for Accreditation with Commendation and the role of the Council on Medical Education in monitoring the process; 2) describe the Menu of New Criteria for Accreditation with Commendation and provide information about additional ACCME documents available for use by providers; and 3) describe the implementation timeline.

BACKGROUND

In 2011, the Board of Directors of the ACCME, as part of its strategic planning, reviewed accreditation data that included how continuing medical education (CME) providers had been implementing the 2006 Accreditation Criteria. After that review the Board set a goal to further "simplify and evolve the accreditation requirements and process." The ACCME Board used feedback from stakeholders to help formulate this goal and throughout 2012 sought information from the CME community on how to proceed. In May 2013, based in part on that information and other discussions, the ACCME published a 27-page document describing the accreditation process and incorporating a set of recommended changes to streamline the process and requirements, including changes to the commendation requirements. As part of the continuing effort of engagement with the CME community, the Board requested feedback on the proposed changes prior to voting on them.[1]

On December 17, 2013, after approval by its Board at their December 5-6, 2013 meeting, the ACCME announced a public call for comment on its Simplification Proposal. The proposed changes in this document were almost identical to those found in the March 2013 document but did not include changes to the Accreditation with Commendation requirements. These were omitted "in order to expedite the simplification process, in response to stakeholders' requests."[2] On February 25, 2014, the ACCME announced that the Board had adopted the Simplification Proposal and was developing a menu of potential new commendation criteria to be shared with the CME community when available.[3]

On April 23, 2014, the ACCME released a new proposal for evolving the criteria for Accreditation with Commendation, which incorporated feedback received up to that point. This new proposal

introduced the idea of giving accredited CME providers the ability to choose criteria that would be appropriate for their organization from a menu of options. The ACCME again engaged the CME community by seeking feedback on the evolving Accreditation with Commendation documents, and a video tutorial was also provided. A webinar to discuss the proposal was offered on May 13; participants were encouraged to review the documents and video tutorial, complete a pre-webinar survey, and submit questions.[4]

On January 12, 2016, the ACCME issued a new call for comments, to be submitted by February 16. The document released at that time provided a menu of options that incorporated feedback to the draft proposal that was circulated in 2014.[5] On March 31, 2016, the ACCME reported that it had received comments from 245 respondents, who submitted 2,615 comments;[6] the ACCME also published the 320 pages that constituted the full set of comments.[7]

The ACCME published the Menu of New Criteria for Accreditation with Commendation on September 29, 2016.[8] It was the culmination of several years of work and engagement with the CME community in multiple ways and venues and included several calls for comment over the years as already described. Throughout this process, the Council on Medical Education, on behalf of the AMA, has monitored the ACCME's proposed criteria and has availed itself, when appropriate, of opportunities to provide input to the ACCME Board of Directors.

In addition to regular attendance at the general sessions of the ACCME Board of Directors meetings three times a year by an AMA staff liaison, the ACCME Board also includes two members of the Council on Medical Education, nominated by the AMA and elected by the ACCME. They provide their own perspective during the discussions of the Board as well as convey information from the Council on Medical Education. The ACCME's engagements with the CME community provided additional opportunities for the AMA to provide feedback. The Council on Medical Education will continue to monitor the implementation of the Menu of New Criteria for Accreditation with Commendation and provide input as necessary.

MENU OF NEW CRITERIA FOR ACCREDITATION WITH COMMENDATION

In conjunction with the announcement noted above, other documents released by the ACCME provided additional details about the Menu of New Criteria for Accreditation with Commendation.[9]

The Menu of New Criteria for Accreditation with Commendation is sorted into five groupings, each one with three or, in one case, four criteria for a total of 16 criteria, C23 to C38. Each criterion includes a rationale for its inclusion, critical elements that would be required to show compliance, and the standard used to measure compliance. A table, published by the ACCME, is attached in the Appendix to this report and includes all the elements listed above. Some of the criteria apply to individual CME activities while other criteria relate to the CME program of the CME provider as a whole. The standards on how to demonstrate compliance provide information for each criterion as well as quantifying, where appropriate, how many activities in which providers have to demonstrate compliance to consider the criterion met.

Grouping: Promotes Team-Based Education

C23. Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE).

C24. Patient/public representatives are engaged in the planning and delivery of CME.

C25. Students of the health professions are engaged in the planning and delivery of CME.

Grouping: Addresses Public Health Priorities

C26. The provider advances the use of health and practice data for healthcare improvement.

C27. The provider addresses factors beyond clinical care that affect the health of populations.

C28. The provider collaborates with other organizations to more effectively address population health issues.

Grouping: Enhances Skills

C29. The provider designs CME to optimize communication skills of learners.

C30. The provider designs CME to optimize technical and procedural skills of learners.

C31. The provider creates individualized learning plans for learners.

C32. The provider utilizes support strategies to enhance change as an adjunct to its CME.

Grouping: Demonstrates Educational Leadership

C33. The provider engages in CME research and scholarship.

C34. The provider supports the continuous professional development of its CME team.

C35. The provider demonstrates creativity and innovation in the evolution of its CME program.

Grouping: Achieves Outcomes

C36. The provider demonstrates improvement in the performance of learners.

C37. The provider demonstrates healthcare quality improvement.

C38. The provider demonstrates the impact of the CME program on patients or their communities.

REQUIREMENTS TO ACHIEVE ACCREDITATION WITH COMMENDATION

As is the case currently, a provider may choose to be accredited, and retain accreditation, by demonstrating compliance with Accreditation Criteria 1-13 without meeting any of the items in the Menu of New Criteria for Accreditation with Commendation. Those CME providers wishing to pursue Accreditation with Commendation under the new menu format will need to demonstrate compliance with eight Criteria out of the 16 listed above, with at least one from the "Achieves Outcomes Grouping" (C36, C37 or C38). That is in contrast to the current requirements, which state that to achieve Accreditation with Commendation all seven Commendation criteria, C16-22, must be met.

This new approach with the Menu of New Criteria for Accreditation with Commendation will offer CME providers flexibility in that they can choose with which criteria they will aim to demonstrate compliance.

ADDITIONAL RESOURCES

Besides the two documents already referenced, the ACCME has provided or will provide in the future additional opportunities for information about the Menu of New Criteria for Accreditation with Commendation:

- Introduction to the Menu of New Criteria for Accreditation with Commendation: Video commentary with Graham McMahon, MD, MMSc, President and CEO, ACCME[10]
- Ask ACCME about the Menu of New Criteria for Accreditation with Commendation[11]
- FAQs available on the ACCME website[11]
- Introductory Webinar — Menu of New Criteria for Accreditation with Commendation: October 13 from 10:30 am-11:30 am Central – Archived[12]

- ACCME 2017 Meeting: April 24–27 in Chicago; includes sessions focused on the Menu of New Criteria for Accreditation with Commendation[13]
- The ACCME has announced that it will also produce an Outline for the Self-Study Report, providing specific guidance for all of the new criteria.

IMPLEMENTATION TIMELINE

The new criteria assessment methodology is gradually being implemented, and accredited CME providers will fall into one of two categories. Those that will receive accreditation decisions between November 2017 and November 2019 can choose between Option A (Commendation Criteria) or Option B (Menu of New Criteria for Accreditation with Commendation) to be considered for accreditation with commendation; those that receive accreditation decisions after November 2019 will be required to pursue Option B only to be considered for accreditation with commendation. Consider, for example, an accredited provider whose accreditation period runs from 2014 to 2020. While the span of that provider's accreditation period covers both time periods outlined in Option A and Option B, the end date—2020—falls after the November 2019 cut-off. This provider therefore has only the choice of pursuing Option B—demonstrating compliance with a menu of eight criteria—to be considered for accreditation with commendation. This hypothetical provider should think carefully about which data it will need to accumulate to demonstrate the standards for compliance determined by the menu items it selects, and this self-evaluation may lead the provider to change its planned offerings for the remainder of the evaluation period so that these offerings achieve their intended target.

State-accredited providers should check with their recognized state medical society for more information about the timeline for their state.

SUMMARY

The ACCME's Menu of New Criteria for Accreditation with Commendation, developed and introduced after soliciting and incorporating multiple rounds of feedback from the wider CME community, is intended to offer CME providers flexibility by allowing them to choose the criteria with which they feel best prepared to demonstrate compliance. As it was only released on September 29, 2016, however, there are no data yet to report regarding providers' use of the New Criteria. As providers begin to move through this new process, the Council on Medical Education will, and the CME community should also, continue to monitor successes and challenges to ensure that the results are beneficial for educators, physicians and patients alike. The Council on Medical Education will report back to the House of Delegates when new information becomes available.

Menu of New Criteria for Accreditation with Commendation

Criterion		Rationale	Critical Elements	The Standard
Promotes Team-Based Education				
C23	Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE).	Interprofessional continuing education (IPCE) occurs when members from two or more professions learn with, from, and about each other to enable effective interprofessional collaborative practice and improve health outcomes. This criterion recognizes accredited providers that work collaboratively with multiple health professions to develop IPCE.	☐ Includes planners from more than one profession (representative of the target audience) AND ☐ Includes faculty from more than one profession (representative of the target audience) AND ☐ Activities are designed to change competence and/or performance of the healthcare team.	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8
C24	Patient/public representatives are engaged in the planning and delivery of CME.	Accredited continuing medical education (CME) is enhanced when it incorporates the interests of the people who are served by the healthcare system. This can be achieved when patients and/or public representatives are engaged in the planning and delivery of CME. This criterion recognizes providers that incorporate patient and/or public representatives as planners and faculty in the accredited program.	☐ Includes planners who are patients and/or public representatives AND ☐ Includes faculty who are patients and/or public representatives	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8
C25	Students of the health professions are engaged in the planning and delivery of CME.	This criterion recognizes providers for building bridges across the healthcare education continuum and for creating an environment that encourages students of the health professions and practicing healthcare professionals to work together to fulfill their commitment to lifelong learning. For the purpose of this criterion, students refers to students of any of the health professions, across the continuum of healthcare education, including professional schools and graduate education.	☐ Includes planners who are students of the health professions AND ☐ Includes faculty who are students of the health professions	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8

*Program Size by Activities per Term: S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra large): >250

Criterion		Rationale	Critical Elements	The Standard
Addresses Public Health Priorities				
C26	The provider advances the use of health and practice data for healthcare improvement.	The collection, analysis, and synthesis of health and practice data/information derived from the care of patients can contribute to patient safety, practice improvement, and quality improvement. Health and practice data can be gleaned from a variety of sources; some examples include electronic health records, public health records, prescribing datasets, and registries. This criterion will recognize providers that use these data to teach about health informatics and improving the quality and safety of care.	☐ Teaches about collection, analysis, or synthesis of health/practice data AND ☐ Uses health/practice data to teach about healthcare improvement	Demonstrate the incorporation of health and practice data into the provider's educational program with examples from this number of activities:* S: 2; M: 4; L: 6; XL: 8
C27	The provider addresses factors beyond clinical care that affect the health of populations.	This criterion recognizes providers for expanding their CME programs beyond clinical care education to address factors affecting the health of populations. Some examples of these factors include health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population's physical environment.	☐ Teaches strategies that learners can use to achieve improvements in population health	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8
C28	The provider collaborates with other organizations to more effectively address population health issues.	Collaboration among people and organizations builds stronger, more empowered systems. This criterion recognizes providers that apply this principle by building collaborations with other organizations that enhance the effectiveness of the CME program in addressing community/population health issues.	☐ Creates or continues collaborations with one or more healthcare or community organization(s) AND ☐ Demonstrates that the collaborations augment the provider's ability to address population health issues	Demonstrate the presence of collaborations that are aimed at improving population health with four examples from the accreditation term.

*Program Size by Activities per Term: S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra large): >250

Criterion		Rationale	Critical Elements	The Standard
Enhances Skills				
C29	The provider designs CME to optimize communication skills of learners.	Communication skills are essential for professional practice. Communication skills include verbal, nonverbal, listening, and writing skills. Some examples are communications with patients, families, and teams; and presentation, leadership, teaching, and organizational skills. This criterion recognizes providers that help learners become more self-aware of their communication skills and offer CME to improve those skills.	☐ Provides CME to improve communication skills AND ☐ Includes an evaluation of observed (e.g., in person or video) communication skills AND ☐ Provides formative feedback to the learner about communication skills	At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8
C30	The provider designs CME to optimize technical and procedural skills of learners.	Technical and procedural skills are essential to many aspects of professional practice, and need to be learned, updated, reinforced, and reassessed. Some examples of these skills are operative skill, device use, procedures, physical examination, specimen preparation, resuscitation, and critical incident management. This criterion recognizes providers that offer CME to help learners gain, retain, or improve technical and/or procedural skills.	☐ Provides CME addressing technical and or/procedural skills AND ☐ Includes an evaluation of observed (e.g., in person or video) technical or procedural skill AND ☐ Provides formative feedback to the learner about technical or procedural skill	At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8
C31	The provider creates individualized learning plans for learners.	This criterion recognizes providers that develop individualized educational planning for the learner; customize an existing curriculum for the learner; track learners through a curriculum; or work with learners to create a self-directed learning plan where the learner assesses their own gaps and selects content to address those gaps. The personalized education needs to be designed to close the individual's professional practice gaps over time.	☐ Tracks the learner's repeated engagement with a longitudinal curriculum/plan over weeks or months AND ☐ Provides individualized feedback to the learner to close practice gaps	At review, submit evidence of repeated engagement and feedback for this many learners:* S: 25; M: 75; L: 125; XL: 200
C32	The provider utilizes support strategies to enhance change as an adjunct to its CME.	This criterion recognizes providers that create, customize, or make available supplemental services (e.g., reminders) and/or resources (e.g., online instructional material, apps) that are designed to reinforce or sustain change.	☐ Utilizes support strategies to enhance change as an adjunct to CME activities AND ☐ Conducts a periodic analysis to determine the effectiveness of the support strategies, and plans improvements	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.* At review, submit evidence for this many activities: S: 2; M: 4; L: 6; XL: 8

*Program Size by Activities per Term: S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra large): >250

Criterion		Rationale	Critical Elements	The Standard
Demonstrates Educational Leadership				
C33	The provider engages in CME research and scholarship.	Engagement by CME providers in the scholarly pursuit of research related to the effectiveness of and best practices in CME supports the success of the CME enterprise. Participation in research includes developing and supporting innovative approaches, studying them, and disseminating the findings.	☐ Conducts scholarly pursuit relevant to CME AND ☐ Submits, presents, or publishes a poster, abstract, or manuscript to or in a peer-reviewed forum	☐ At review, submit description of at least two projects completed during the accreditation term and the dissemination method used for each.
C34	The provider supports the continuous professional development of its CME team.	The participation of CME professionals in their own continuing professional development (CPD) supports improvements in their CME programs and advances the CME profession. This criterion recognizes providers that enable their CME team to participate in CPD in domains relevant to the CME enterprise. The CME team are those individuals regularly involved in the planning and development of CME activities, as determined by the provider.	☐Creates a CME-related continuous professional development plan for all members of its CME team AND ☐ Learning plan is based on needs assessment of the team AND ☐ Learning plan includes some activities external to the provider AND ☐ Dedicates time and resources for the CME team to engage in the plan	☐ At review, submit description showing that the plan has been implemented for the CME team during the accreditation term.
C35	The provider demonstrates creativity and innovation in the evolution of its CME program.	This criterion recognizes CME providers that meet the evolving needs of their learners by implementing innovations in their CME program in areas such as education approaches, design, assessment, or use of technology.	☐ Implements an innovation that is new for the CME program AND ☐ The innovation contributes to the provider's ability to meet its mission.	☐ At review, submit descriptions of four examples during the accreditation term.

*Program Size by Activities per Term: S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra large): >250

Criterion		Rationale	Critical Elements	The Standard
Achieves Outcomes				
C36	The provider demonstrates improvement in the performance of learners.	Research has shown that accredited CME can be an effective tool for improving individuals' and groups' performance in practice. This criterion recognizes providers that can demonstrate the impact of their CME program on the performance of individual learners or groups.	☐ Measures performance changes of learners AND ☐ Demonstrates improvements in the performance of learners	☐ Demonstrate that in at least 10% of activities the majority of learners' performance improved.
C37	The provider demonstrates healthcare quality improvement.	CME has an essential role in healthcare quality improvement. This criterion recognizes providers that demonstrate that their CME program contributes to improvements in processes of care or system performance.	☐ Collaborates in the process of healthcare quality improvement AND ☐ Demonstrates improvement in healthcare quality	☐ Demonstrate healthcare quality improvement related to the CME program at least twice during the accreditation term.
C38	The provider demonstrates the impact of the CME program on patients or their communities.	Our shared goal is to improve the health of patients and their families. This criterion recognizes providers that demonstrate that the CME program contributed to improvements in health-related outcomes for patients or their communities.	☐ Collaborates in the process of improving patient or community health AND ☐ Demonstrates improvement in patient or community outcomes	☐ Demonstrate improvement in patient or community health in areas related to the CME program at least twice during the accreditation term.

*Program Size by Activities per Term: S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra large): >250

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