September 2006

Dear CME Colleagues,

There has been widespread interest in assuring that CME accredited within the ACCME system continues to contribute to patient safety and practice improvement, as well as continuing to be based on valid content and independent of commercial interests. The *2002 ACCME Content Validation Statements* and the *2004 Updated Standards for Commercial Support* are contributing to that assurance.

In 2003, the *ACCME Competency and Continuum Task Force* responded to a call for the ACCME and accredited providers to work with other parts of the physician learning continuum to better support physician performance improvement. In response to this call, an ACCME model for the promotion of practice-based, self-directed physician learning and change was articulated in the 2005 ACCME article *Accreditation for Learning and Change* (see *K. Regnier et al, JCEHP, September 2005*). We ask the CME community to revisit these ACCME information sources released over the past few years (available on www.accme.org) as they are relevant to the future of ACCME accreditation.

At its regular meetings in July 2006, the ACCME Board of Directors adopted updated compliance criteria for the accreditation Elements. The revised model represents a change in emphasis for the ACCME. The ACCME will focus on rewarding accredited CME providers for moving through **levels** of accreditation while changing and improving their practice of CME. Learning and change will be the goals – both for the learners and for the providers. Trying, and then trying to do better, will be expected and rewarded by ACCME during the accreditation process. "Trying to do better" provides a multitude of opportunities for providers…from seeking out other needs assessment data, to trying new educational approaches, to entering into new partnerships, to working to identify and overcome barriers to change…all with a focus on learning and change.

Compliance with a basic subset of the updated criteria will be required to achieve **Provisional Accreditation (Level 1)**. Compliance with the basic criteria plus six additional criteria will be required to achieve and maintain **Accreditation (Level 2)**. Achieving **Accreditation with Commendation (Level 3)** will be determined by measuring the extent to which a provider engages within their environment as a participant in quality and patient safety improvement opportunities. The updated criteria must be met in order to reach these levels. Within the present framework of Essential Areas and the Standards for Commercial Support, the ACCME will ask accredited providers,

- To set a CME mission that focuses their CME program on improving one or more of physician competence, physician performance and/*or* the physician's patient outcomes;
- To strive to meet that mission through their program of CME activities based on practice-based needs; and then,
- To evaluate their success at meeting their change mission; and if possible,
- To engage with their environment to enhance the role of their program, and of CME, in promoting quality and safety.

We believe these updated criteria and this new model for accreditation will better position the CME enterprise to meet the professional development needs of physicians in the 21st Century.

Yours truly,

Brian W. Little, MD, PhD	Ronald V. Wade, MD
2006 ACCME Chair	2006 ACCME Vice Chair

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"CME as a Bridge to Quality"

Updated Accreditation Criteria

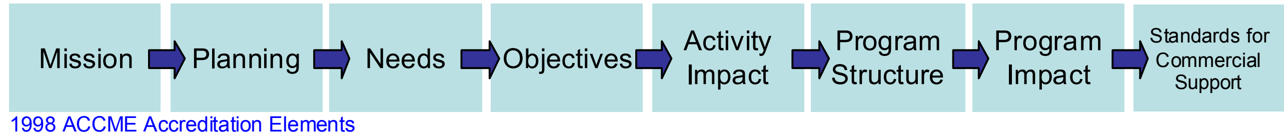
Background - Explanations - Timeline

September 2006

American Hospital Association American Medical Association Council of Medical Specialty Societies American Board of Medical Specialties
Federation of State Medical Boards of the U.S., Inc. Association of American Medical Colleges Association for Hospital Medical Education

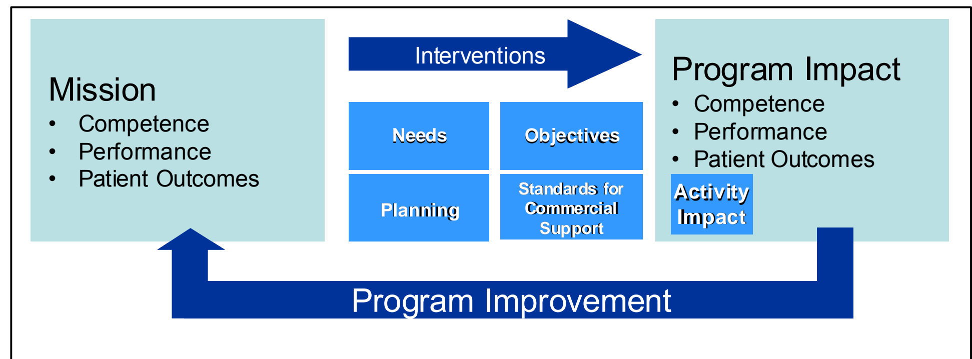
The 1998 ACCME model for activity planning has served us well over this last decade. The medical education literature is conclusive in showing that the CME enterprise has been effective in providing educational opportunities that are effective in helping physicians improve the care they deliver.[1] The 1998 accreditation elements and compliance criteria have contributed to this effectiveness.

The ACCME has now been asked by its member organizations, and others,[2] to assist in re-positioning this effective

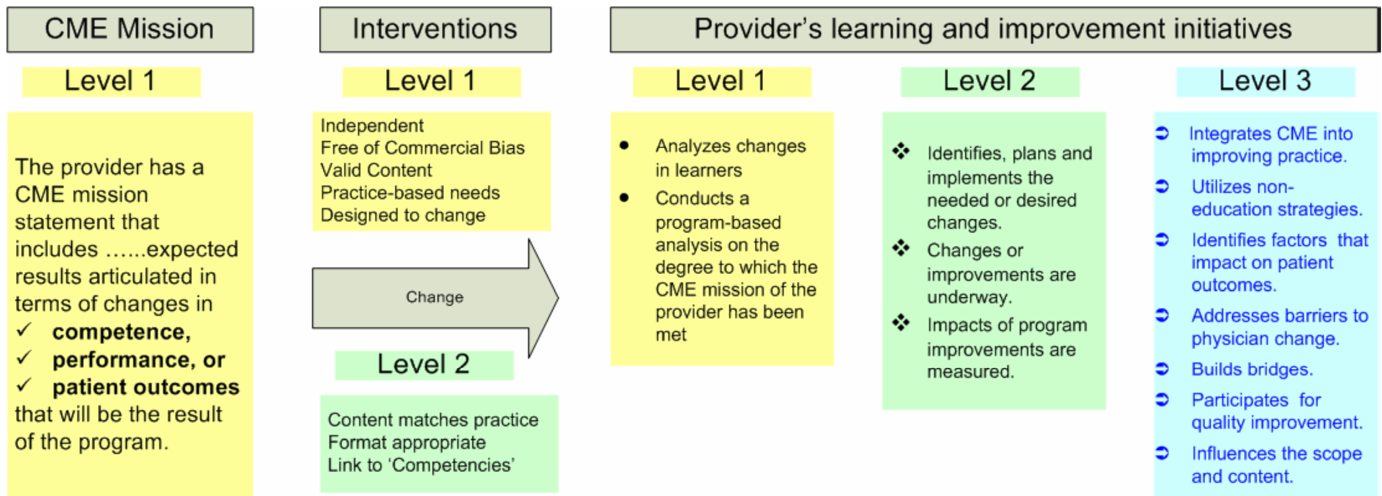


1998 ACCME Accreditation Elements

continuing medical education enterprise as a strategic asset to the quality improvement and patient safety imperatives of the U.S. healthcare systems. ACCME believes that CME can make an important contribution to the system-based initiatives being implemented in the U.S. today to narrow the "quality gap."[3] The focus now is on contributing to enhancements to one or more of the physician's toolbox of strategies for patient care (competence), their actual performance-in-practice, and/or their patient outcomes. The ACCME will now be asking providers to establish a specific enhancement mission – providing education interventions to meet that mission - and then to focus on assessing their program's impact at meeting that mission and improving their program, using internal and/or external strategies.



ACCME has updated its compliance criteria for the Elements and grouped them into three levels that support this process of program improvement.



The updated criteria measure compliance with the current accreditation elements (see next page).

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[1] Robertson, M.K., Umble, K.E., & Cervero, R.M. (2003). Impact studies in continuing education for health professions: Update. Journal of Continuing Education in the Health Professions, 23(3), 146-156.

[2] Final Report from the ACCME Task Force on Competency and the Continuum April 7, 2004 http://accme.org/index.cfm/fa/news.detail/news_id/cfefdccd-10f5-44c3-8a9f-b4e1d0b809dc.cfm

[3] Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies. Fact Sheet. AHRQ Publication No. 04-P014, March 2004. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/clinic/epc/qgapfact.htm

Criteria

#	Criteria	Element	Level 1 Provider Provisional Accreditation	Level 2 Provider Full Accreditation	Level 3 Provider Accreditation with Commendation
1.	The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.	1.1	☑	☑	☑
2.	The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.	2.1 2.2	☑	☑	☑
3.	The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.	2.1 2.3	☑	☑	☑
4.	The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.	2.1		☑	☑
5.	The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.	2.1		☑	☑
6.	The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).	2.1		☑	☑
7.	The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6).	SCS	☑	☑	☑
8.	The provider appropriately manages commercial support (if applicable, SCS 3).		☑	☑	☑
9.	The provider maintains a separation of promotion from education (SCS 4).		☑	☑	☑
10.	The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).		☑	☑	☑
11.	The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.	2.4	☑	☑	☑
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.	2.5	☑	☑	☑
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.			☑	☑
14.	The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed.			☑	☑
15.	The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured.			☑	☑
16.	The provider operates in a manner that integrates CME into the process for improving professional practice.				☑
17.	The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).				☑
18.	The provider identifies factors outside the provider's control that impact on patient outcomes.				☑
19.	The provider implements educational strategies to remove, overcome or address barriers to physician change.				☑
20.	The provider builds bridges with other stakeholders through collaboration and cooperation.				☑
21.	The provider participates within an institutional or system framework for quality improvement.				☑
22.	The provider is positioned to influence the scope and content of activities/educational interventions.				☑

In the ACCME's revised model, CME providers can achieve **three levels** of accreditation each of which has an associated set of updated compliance criteria.

Level 1 requires compliance with nine criteria (see page 4 – Criteria 1 to 3 and 7 to 12.) Level 1 is the basic, entry level set of criteria that all new applicants must achieve in order to achieve **Provisional Accreditation**.

Level 1 Criteria

- The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program. (1.1)
- The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners. (2.1, 2.2)
- The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement. (2.1, 2.3)
- The provider develops activities/educational interventions independent of commercial interests. (SCS 1, 2 and 6)
- The provider appropriately manages commercial support. (SCS 3)
- The provider maintains a separation of promotion from education. (SCS 4)
- The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest. (SCS 5)
- The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions. (2.4)
- 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. (2.4, 2.5)

A provider that meets Level 1 criteria is a change agent focused on trying to change their physician learners' competence, performance, or patient outcomes. In so doing, the provider plans CME interventions that are compliant with the ACCME Standards for Commercial Support and are designed to improve healthcare in the context of their own CME mission. These providers measure their effectiveness as change agents by determining the extent to which they have been successful at meeting their CME mission.

Level 2 requires compliance with Level 1 criteria **plus** six additional criteria (see page 4 – Criteria 1 to 15) – which must also be met by accredited providers in order to maintain their **Accreditation** status. Level 2 criteria require the provider to refine its educational interventions and to improve on its ability to meet its own mission.

A provider at this level will have a plan in place to improve on their ability to meet their CME mission as identified in the Level 1 criteria. The plan will be implemented and improvements will be underway.

The impact of the program improvements will be measured. Educational interventions, of appropriate format, will be designed around the knowledge, strategy or performance issues that underlie the professional practice gaps of the learners. The content of the interventions will be related to the scope of practice of the learners and associated with current desirable physician attributes (e.g., IOM or ACGME competencies). This provider is a change agent who is actively engaged in the improvement of the quality of their CME program while facilitating practice-based learning and improvement.

Level 1 plus……

Level 2 Criteria

- The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities. (2.1)
- The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity. (2.1)
- The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies). (2.1)

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- 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. (2.5)
- The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed. (2.5)
- The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured. (2.5)

Level 3 requires compliance with Level 2 Criteria ***plus*** seven additional criteria (see page 4 – Criteria 1 to 22.). Level 3 criteria reward the provider for engaging in the system in which it operates beyond the provision of CME interventions - as a strategic asset to quality and safety initiatives. Level 3 will be the basis for achieving **Accreditation with Commendation.**

This provider has mechanisms in place to identify and overcome barriers to physician change and to integrate CME into health care improvement initiatives. This provider does not work in isolation and takes advantage of non-educational strategies to enhance the learning and change process.

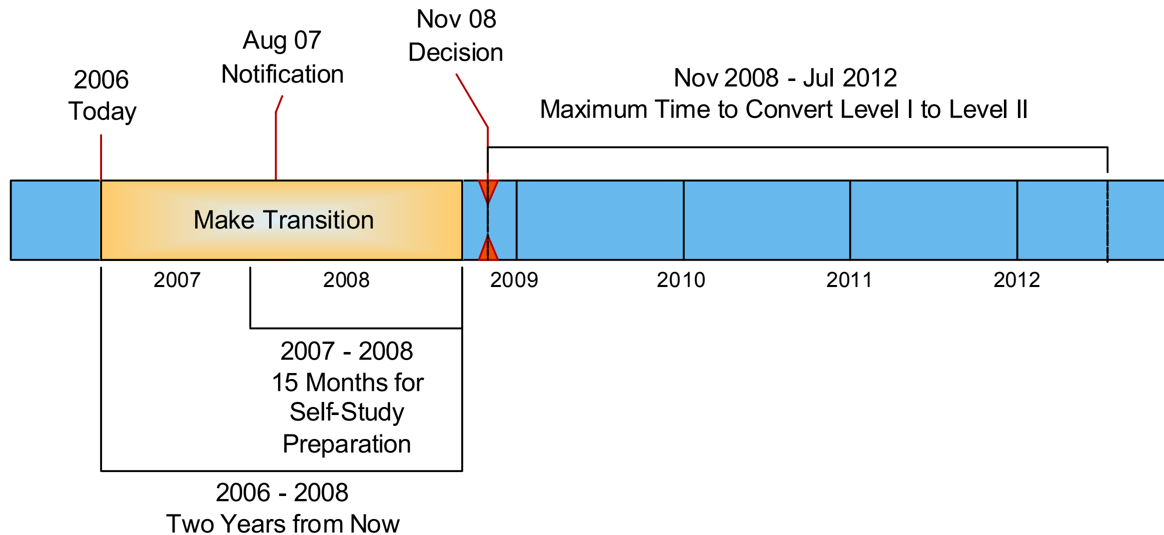
Level 2 plus…

Level 3 Criteria

- The provider operates in a manner that integrates CME into the process for improving professional practice.
- The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).
- The provider identifies factors outside the provider's control that impact on patient outcomes.
- The provider implements educational strategies to remove, overcome or address barriers to physician change.
- The provider builds bridges with other stakeholders through collaboration and cooperation.
- The provider participates within an institutional or system framework for quality improvement.
- The provider is positioned to influence the scope and content of activities/educational interventions.

ACCME MILESTONES FOR IMPLEMENTATION

All providers will be surveyed under this revised model by 2012.



The first to be accredited or reaccredited under this revised model will be providers receiving accreditation decisions in November 2008.

The ACCME expects that providers will transition their programs of CME to the revised model over the next few years. All providers are expected to start now to begin to make the changes necessary to reach Level 2.

Providers presenting themselves for initial and reaccreditation in November 2008 will have organized their self study process and their self study report in alignment with the revised model and updated criteria. We recognize that more than half of your accreditation cycle will have been conducted under the old model so that your presentation and our evaluation will be based on a blend of new and old. However – it is important to the validity and impact of CME that all providers move expeditiously to implement the revised model and the updated criteria.

Some specific steps to start with

- Complete your implementation of the Updated Standards for Commercial Support, as planned.
- Recognize that in these updated criteria the ACCME,

  Drops requirement to 'use needs data from multiple sources.'

  Drops the requirement to demonstrate 'congruence with parent organization.'

  Drops 'innovative and creative' from requirements.

  Drops evaluation of 'organizational framework' and 'business and management policies' from accreditation review process.
- Make the transition from just communicating objectives to generating activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in your mission statement.
- Ensure that your CME mission statement includes all of the basic components with expected results articulated in terms of changes in strategy, performance, or patient outcomes that will be the result of the program.
- Explore how you can get access to the educational needs (knowledge, competence, or performance) that underlie the professional practice 'gaps' of your own learners. Each of your learners belongs to a community and a population of physicians. There is a lot known about the educational needs of many of these groups. Examples of such information sources include,

  See http://www.surgeongeneral.gov/index.html
  See http://www.hhs.gov/
  See http://www.ahrq.gov/
  See http://ondcp.gov/
  See http://www.ama-assn.org/ama/pub/category/2936.html
  See http://www.nbme.org/programs/sas/sas.asp
- Start thinking about developing a plan to evaluate your own success. What assessment or measurement tools will you use to analyze changes in strategy, performance, or patient outcomes achieved as a result of your activities/educational interventions? Can your learners use some of the tools already available? Can you use some of the data that will be available from your learners' Maintenance of Certification® activities?

  See http://www.nbme.org/programs/plas/PLASIntro.asp
  See http://www.nbme.org/programs/sas/sas.asp
  See http://www.abms.org/MOC.asp
  See http://www.acponline.org/catalog/mksap/13/highlights.htm
  See http://www.pedialink.org/learnmore-view.cfm?show=4
- How will you conduct your next ACCME self study when it is a program-based analysis on the degree to which your CME mission has been met through the conduct of CME activities?
- Perhaps you could start a conversation in your organization about Level 3. What are you doing already in this regard? Is there more you want to do about being engaged within your system beyond the provision of CME interventions?

September 2006

To our CME Colleagues,

I hope that as you reflect on these documents and discuss them with your colleagues you will see that this revised model of accreditation and updated criteria will be a significant improvement for CME providers and learners. I hope you can see that our goal is to help you meet your goals – as articulated in your own CME mission.

This system aligns the providers' goals with the learners' goals – when both are seeking practice-based learning and improvement. It is about accreditation that supports learning and change – for CME providers and for CME learners. Providers will be asked to identify their own areas for improvement – and to improve in these areas. This is what physicians are being asked to do, everyday.

CME programs will focus their educational efforts on enhancing knowledge, competence, or performance in support of excellent professional practice. All providers will be positioned to support physicians who are trying to implement their own improvements in the quality and safety of the patient care they deliver. Accredited CME will be a valuable tool in support of Physicians' Maintenance of Certification® and maintenance of licensure requirements. As expected of accredited CME in the U.S., this all will be delivered in the context of independence from commercial interests, freedom from commercial bias, and content that is valid.

The accreditation process will be your opportunity to demonstrate your own successes. Your successes will the basis for CME to demonstrate its value, as a strategic asset, to all who are striving to provide '*the best care for everyone every time*.'

As always, the ACCME will work diligently to support the transition by the accreditation system and CME providers to this revised model and to the updated criteria. The ACCME will provide educational resources and printed materials based on the needs of accredited providers. Questions submitted by accredited providers and answered by the ACCME will be posted to the ACCME's website on a regular basis. Please, send us your questions by email to: updatedcriteria@accme.org.

Yours truly,

Murray Kopelow MD, MS(Comm), FRCPC
Chief Executive