

RECOGNITION REQUIREMENTS OF THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME)¹

¹ This guide represents a compilation of policies, procedures and processes outlined in these ACCME documents:

1. A System For Accreditation Of Providers Of Continuing Medical Education And Recognition Of State Or Territorial Organizations As Accreditors Of CME Providers (Adopted by ACCME July 1998)
2. Protocol For The Recognition Of State Medical Societies To Accredit Intrastate Continuing Medical Education Providers (Adopted by ACCME November 1985)
3. Decision-Making Elements For Use By Committee For Review And Recognition (Adopted by ACCME November 1997, revised November 2000)
4. ACCME Recognition Policy Compendium
5. ACCME Accreditation Policy Compendium

For copies of these documents, please contact the ACCME.

**A GUIDE TO THE ACCREDITATION COUNCIL FOR
CONTINUING MEDICAL EDUCATION REQUIREMENTS AND
PROCESS OF THE RECOGNITION OF INTRASTATE
ACCREDITORS OF CONTINUING MEDICAL EDUCATION
PROVIDERS**

PREAMBLE

One of the ACCME's purposes, as specified in the Constitution and Bylaws of the ACCME (1982), is "to promote, develop, and encourage the development of principles, policies, and standards for continuing medical education". To implement this purpose, one of the functions of the ACCME is to "develop standards by which state medical societies (or state accrediting bodies in states where medical societies do not accredit alone) will accredit local institutions and organizations and be responsible for assuring compliance with these standards". This document outlines the standards and procedures, which will be used by the ACCME in carrying out this responsibility.

State medical societies/state accrediting bodies accredit institutions and other intrastate organizations which provide CME activities on a regular and recurring basis, and whose participants are primarily local physicians. They may delegate this authority, but the final responsibility resides with the state medical society.

In a number of states the legislature and/or licensing board require CME for relicensure. However, the intrastate accreditation system is vital to physicians in all states, regardless of mandatory CME requirements.

Reasonable state-to-state uniformity in accreditation of continuing medical education providers is necessary for several reasons:

1. Uniformity in accreditation can help assure physicians that CME presented by any accredited provider is education of good quality.
2. Uniformity in accreditation enables physicians to use the credit earned by participating in a CME activity sponsored by an accredited provider for relicensure in states where applicable and for membership in local, state and/or national medical societies.
3. Uniformity in accreditation enhances credibility with state legislatures, CME providers and the public.

Achieving state-to-state uniformity will require a periodic review of the standards and procedures which are used in the accreditation of intrastate continuing medical education providers. The ACCME will provide staff assistance and will serve as a resource for information, as requested or as needed, to help ensure that the accreditation of intrastate CME providers is uniform from state to state.

A SYSTEM FOR THE RECOGNITION OF INTRASTATE ACCREDITORS OF CME PROVIDERS

GENERAL

PURPOSES OF ACCREDITATION

The major purposes of accreditation are to ensure quality and integrity of accredited providers by:

- Establishing criteria for evaluation of educational programs and their activities,
- Assessing whether accredited organizations meet and maintain standards,
- Promoting organizational self-assessment and improvement, and
- Recognizing excellence.

THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME) MISSION STATEMENT

The **ACCME's Mission** is the identification, development, and promotion of standards for quality continuing medical education (CME) utilized by physicians in their maintenance of competence and incorporation of new knowledge to improve quality medical care for patients and their communities.

The **ACCME** fulfills its mission through a voluntary self-regulated system for accrediting CME providers and a peer-review process responsive to changes in medical education and the health care delivery system.

RESPONSIBILITIES

The primary responsibilities of the ACCME are to:

- Set and administer standards and criteria for providers of quality CME for physicians and related professionals,
- Certify that accredited providers are capable of meeting the requirements of the Essential Areas,
- Relate CME to medical care and the continuum of medical education,
- Evaluate the effectiveness of its policies,
- Assist providers in continually improving their programs, and thereby
- Assure physicians, the public, and the CME community that CME programs meet the ACCME's criteria for compliance with the Essential Areas.

ELIGIBILITY FOR ACCREDITATION

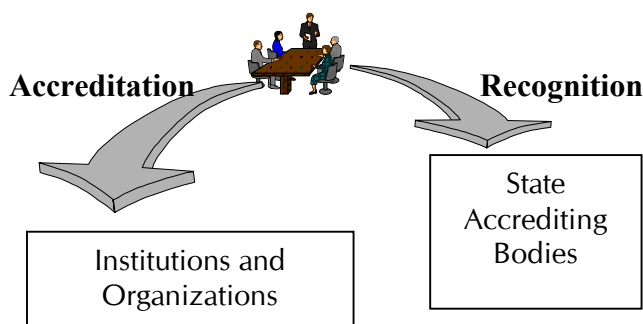
Institutions and organizations located in the United States and its Territories and developing and/or presenting a program of CME for physicians on a regular and recurring basis will be considered for eligibility to apply for accreditation by the ACCME system, either directly by the ACCME or through a recognized state accrediting body. An organization is not eligible to apply for accreditation if, in the judgment of the ACCME, or any intrastate accreditor, its program is devoted to advocacy on unscientific modalities of diagnosis or therapy. The ACCME system reserves the right to make decisions on eligibility for accreditation. Where there is a question of eligibility, the applicant will be referred to the ACCME, or the appropriate intrastate accreditor, who will make a decision on the eligibility of the applicant.

The ACCME is the body that accredits the following institutions for the provision of CME (when and if they choose to seek accreditation):

- State medical societies,
- Liaison Committee for Medical Education (LCME)-accredited schools of medicine,
- National physician membership organizations,
- National medical specialty societies, and
- Certain other eligible institutions and organizations, as determined by ACCME in collaboration with the applicable state accrediting body, whose programs of CME serve physician learners, more than 30% of whom are from beyond the home or contiguous state(s) of the provider.

The ACCME and intrastate accreditors do not accredit individual CME activities, but accredit institutions or organizations based on their implemented overall program of CME. The overall program consists, at least in part, of one or more educational activities that have been developed in accordance with the Essential Areas and policies and are available for review by the appropriate accrediting body.

FUNCTIONS AND OVERSIGHT



The ACCME provides the direct **accreditation** of CME providers whose programs of CME attract a national audience (more than 30% of participants in the overall program come from beyond the state/territory or contiguous states/ territories).

The ACCME, through its **recognition** process, recognizes state or territorial medical societies/intrastate accreditors

to accredit CME providers whose target audience is restricted to that state/territory and contiguous states/territories.

This recognition function is managed on behalf of the ACCME by the **Committee for Review and Recognition (CRR)**, with ACCME staff support and ACCME oversight. The Committee for Review and Recognition (CRR) makes the determination of compliance about recognition on behalf of the ACCME. To be recognized by the ACCME, intrastate accreditors must meet the requirements for recognition as determined by the ACCME. ACCME/CRR surveyors are tasked with collecting the data required by ACCME to make a recognition decision. The CRR has the responsibility of collating and interpreting the information and arriving at a criterion-referenced recognition decision.²

² In November 2002, the ACCME took action to amend the CRR-ACCME reporting relationship. The Council's action states that,

- The Committee for Review and Recognition's reporting relationship with the ACCME will be modified so that recognition recommendations are made to the ADC, for consistency with policy and procedure, with the ADC acting on those recommendations and seeking ratification from the ACCME. (Implementation effective 2004)
- The Committee for Review and Recognition's policy recommendations and procedures will be reviewed by ACCME for consistency with ACCME policy, vision and strategic plans. (Implementation effective immediately) ACCME Policy 2002-C-08

All providers within the ACCME system will be judged against the same standard. Accreditation decisions made by ACCME and those made by state accreditors will be made using the same basic requirements.

COMMITTEE FOR REVIEW AND RECOGNITION (CRR)

The CRR consists of seven persons appointed by the Executive Committee of the ACCME, five of whom are appointed through nominations from intrastate accreditors. The remaining two appointees are current ACCME members with state accreditation experience. The Executive Committee takes appropriate geographic distribution into account when making these appointments. Terms are staggered and all appointments are for three years. No committee member may serve more than two terms. No state may have more than one member on the CRR at a time.

The committee elects its chairperson yearly. Meetings are held at least once a year. The chair of the CRR reports recognition decisions at the next meeting of the ACCME following the meeting of the CRR.

THE RECOGNITION PROCESS: HOW THE ACCME RECOGNIZES INTRASTATE ACCREDITORS

The ACCME's review process recognizes intrastate accreditation programs that are compliant with the Elements incorporated in the **ACCME Recognition Essential Areas**.

These **Recognition Essential Areas** are applied through the recognition process to organizations that wish to become intrastate accreditors so that they may accredit regional CME providers. The providers accredited by these *recognized* organizations must, in turn, practice CME according to ACCME's *Essential Areas, Elements, and applicable policies*.

These Recognition Essential Areas are the fundamental framework on which recognition decisions will be based. **The Recognition Essential Areas are:**

1. The state society has a set of Essential Areas, Elements, Criteria and Policies as the basis for its accreditation activities. These Essential Areas, Elements, Criteria and Policies must be compatible with the Essential Areas, Elements, Criteria and Policies of the ACCME, but need not be identical. Each of the ACCME Essential Areas, Elements, Criteria and Policies must be addressed.
2. The state has a formal appeal process for any adverse accreditation decision. Appeals will not be referred to ACCME, since the state society has the responsibility for intrastate accreditation.
3. The state society has established, and follows, a set of policies regulating the accrediting process including Essential Areas, Elements, Criteria, Policies, Procedures, and Responsibilities.
4. The state society has sufficient resources and staff to fulfill its accreditation functions.
5. The state society has available a system which allows for collection, storage and retrieval of data necessary for the accreditation process.

MAKING DECISIONS ABOUT “RECOGNITION ESSENTIAL AREAS”

The ACCME has established a set of *Decision-Making Elements* for its use in determining a state accreditors’ compliance with the Recognition Essential Areas.

RECOGNITION ESSENTIAL AREA 1 ELEMENTS

- 1.1 A set of Essential Areas, Elements, Criteria and Policies³ at least as stringent as the ACCME’s have been adopted.
- 1.2 The recognized entity has a mechanism for communicating its Essential Areas, Elements, Decision Making Criteria and Policies to all accredited organizations.
- 1.3 The recognized entity demonstrates that the adopted Essential Areas, Elements, Decision Making Criteria and Policies have been communicated to all accredited organizations.
- 1.4 The recognized entity demonstrates that changes in the Essential Areas, Elements, Decision Making Criteria and Policies are communicated to all accredited organizations.

RECOGNITION ESSENTIAL AREA 2 ELEMENTS

- 2.1 Adverse accreditation decisions are defined.
- 2.2 A reconsideration and appeal process is described in writing.
- 2.3 The reconsideration and appeals policies of the recognized entity describe specific steps for the process.
- 2.4 The reconsideration and appeals policies of the recognized entity specify what documentation of the intrastate organization will be reviewed.
- 2.5 The reconsideration and appeals policies of the recognized entity specify what the accreditation status of the CME provider will be during the reconsideration and appeals process.
- 2.6 The reconsideration and appeals policies of the recognized entity specify that reconsiderations and appeals are based on the status of the program at the time of the survey, not on changes or corrective actions subsequent to the survey.
- 2.7 The reconsideration and appeals policies of the recognized entity specify that a written “Request for Reconsideration” from the applicant is required to begin the reconsideration process.
- 2.8 The reconsideration and appeals policies of the recognized entity specify that a written “Request for Appeal” is the next step should the accreditation committee sustain the adverse decision.
- 2.9 The appeal process provides for an authority different from the accreditation committee to hear and make a final decision on the appeal.
- 2.10 Documentation of all implemented reconsiderations and appeals demonstrates adherence to the recognized entity’s reconsiderations and appeals process.

³ Essential Areas, Elements and Decision Making Criteria are outlined in the ACCME document “ACCME’s Essential Areas and their Elements, July 1999. Policies necessary for adoption are determined by ACCME.

RECOGNITION ESSENTIAL AREA 3 ELEMENTS

- 3.1. The recognized entity has in place procedures and an organizational structure for the accreditation of intrastate providers of continuing medical education.
- 3.2. The recognized entity bases its accreditation decisions on a set of Essential Areas, Elements, Decision Making Criteria and Policies which are at least as stringent as the ACCME's.
- 3.3. The recognized entity fulfills its responsibilities⁴ as an accreditor of CME programs so as to maintain the continuity of the accreditation status of providers.
- 3.4. Accreditation decisions are made in a timely manner.
- 3.5. A system is in place to inform new accreditation decision-makers of their duties and responsibilities.
- 3.6. A written record of the proceedings of the accrediting body, which include the accreditation decision status and term awarded to the applicants, are kept.
- 3.7. The recognized entity describes the process that leads to accreditation, informing potential applicants of the process that leads to accreditation.
- 3.8. The recognized entity describes the monitoring of its accredited providers' CME missions, administrations, leadership, and program activities for change.
- 3.9. The recognized entity describes the content and process of a survey.
- 3.10. The recognized entity has implemented surveyor training and/or a process for maintaining surveyors' competence.
- 3.11. A group other than the surveyor(s) is responsible for the ultimate accreditation decisions.
- 3.12. Applicants are informed in writing of accreditation actions.
- 3.13. Applicants are given feedback on their strengths and/or weaknesses.
- 3.14. The frequency and content of written communication between the recognized entity and the applicant during the accreditation process is adequate.
- 3.15. The recognized entity's accrediting body evaluates its accreditation process and Decision Making Criteria and makes improvements as necessary.

RECOGNITION ESSENTIAL AREA 4 ELEMENTS

- 4.1. The unit and persons responsible for administering the accreditation program are clearly defined.

-
- 4
 - Set and administer standards and criteria for providers of quality CME for physicians and related professionals,
 - Certify that accredited providers are capable of meeting the requirements of the Essential Areas,
 - Relate CME to medical care and the continuum of medical education,
 - Evaluate the effectiveness of its policies,
 - Assist providers in continually improving their programs, and thereby
 - Assure physicians, the public, and the CME community that CME programs meet the ACCME's criteria for compliance with the Essential Areas.

- 4.2. The unit or persons responsible for administering the accreditation program is qualified, as defined by the recognized entity, to carry out the accreditation functions prescribed by the ACCME.
- 4.3. So that accreditation policies and procedures of recognized entity are fulfilled, the recognized entity will provide staff resources to support the work of the surveyors.

RECOGNITION ESSENTIAL AREA 5 ELEMENTS

- 5.1. Documentation descriptive of the accreditation review process for each intrastate accredited institution/organization is maintained until the next accreditation decision.

This documentation includes the following:

- 5.1a. Completed application/reapplication forms from the provider's last period of accreditation,
- 5.1b. Relevant correspondence between the accrediting body and the provider,
- 5.1c. Survey team reports,
- 5.1d. Actions taken by the accreditation committee,
- 5.1e. Communication between the recognized entity and CME providers regarding accreditation decisions,
- 5.1f. Follow-up reports generated by the CME provider, if required.

FINDINGS FOR THE RECOGNITION ESSENTIAL AREA ELEMENTS

The CRR can arrive at one of the following findings for each Element of a *Recognition Essential Area*.

1. Exemplary compliance
2. Compliance
3. Partial compliance
4. Noncompliance

CRITICAL ELEMENTS WITHIN THE RECOGNITION ESSENTIAL AREAS

The ACCME and CRR have determined that the following Decision-Making Elements formulate the foundation of the other Elements within each Recognition Essential Area. Compliance with these five elements is “critical” because of they are fundamental in nature.

- 1.1 “A set of Essential Areas at least as stringent as the ACCME’s have been adopted.”
- 2.2 “A reconsideration and appeal process, in written form, exists.”
- 3.1 “A system is in place for the accreditation of intrastate providers of CME.”
- 4.2 “The unit or persons responsible for administering the accreditation program is/are qualified, as required by state medical society policies and procedures, to carry out the accreditation functions prescribed by the ACCME.”
- 5.1 “Documentation descriptive of the accreditation review process for each state-accredited institution/organization is maintained until the next accreditation decision.”

MAKING RECOGNITION DECISIONS

Noncompliance in a *critical element* means noncompliance in that “*recognition essential area*.” When seeking provisional recognition, noncompliance with any of the critical elements will result in **nonrecognition**. When seeking rerecognition from full recognition, noncompliance with any of the critical elements will result in **probation**.

When an organization is placed on **probation**, it will be required to submit a *Progress Report* that shows the ACCME that it is in compliance with the *critical elements* found to be not in compliance at a recognition review. If found to be in compliance, the recognition status will revert back to **full recognition**. Failure to correct the not-in-compliance findings may result in **nonrecognition**.

Partial compliance will be a qualitative finding of the CRR based on the compliance of all the *elements* of a “*recognition essential area*,” taken as a group.

TYPES OF RECOGNITION DECISIONS

Full Recognition with commendation	Six years
Full Recognition	Four years
Provisional Recognition	Two years
Probation	Two years maximum with full recognition status resumed when progress report on correction of deficiencies received, validated, and accepted by the ACCME
Withdrawal of Recognition	Recognition withdrawn for noncompliance

RECOGNITION INFORMATION GATHERING AND DECISION-MAKING PROCESS

Recognition decisions are based on data derived from:

1. A review of a submitted self-study (application). A recognition application will be sent at least six months in advance of the re-recognition date. Completed materials must be returned in sufficient time for full review by staff and surveyors prior to the survey.
2. An audit of the accreditation process utilized by the intrastate accreditor (through direct observation of accreditation and review of documentation).
3. An interview of the principals of the organization (site survey). The first survey will be conducted on-site. Two surveyors selected by the ACCME will conduct the site visit.
4. The surveyors' report and recognition application/self-study report will be sent to a member of the CRR for review prior to the CRR's action on the application/report.
5. This CRR reviewer will present these findings and a recommendation to the CRR for a decision.
6. The CRR's decision will be reported to the ACCME for documentation. The ACCME will communicate the CRR's findings to each intrastate accreditor within ten days of the CRR's decision.

REVIEW AND APPEAL PROCESS

An intrastate accreditor may request a reconsideration of an adverse decision by the CRR. If not satisfied with the outcome, it may then appeal to the ACCME. (For a copy of the complete reconsideration and appeal process, contact the ACCME.)

FINANCES

1. Each intrastate accreditor will be charged an annual fee to pay for expenses related to CRR activities, such as the meetings of the committee and directly related staff expenses.
2. There will be an additional fee to cover the cost of activities related to the recognition survey fee or progress report.
3. Actual site survey costs will be paid by the ACCME and billed to the intrastate accreditor.

RECOGNITION POLICY COMPENDIUM

These policies, adopted by the ACCME, relate directly to the recognition of intrastate accreditors.

- 87-C-04 For intrastate accredited providers in states whose accrediting activities are no longer recognized an adjoining state will be requested to take over the accreditation and the accredited providers in the non-recognized state will be notified that they have a year to submit a new application to the adjoining state.
- 94-B-04 Recognized State Medical Societies must have policies/procedures for handling complaints concerning their intrastate providers.
- 99-A-18 Washington, Oregon, and California are deemed to be contiguous to Hawaii and Alaska for the purposes of determining eligibility requirements of providers for state medical society accreditation.
- 00-C-12 The Council approved the compendium of policies determined by the Committee for Review and Recognition (CRR) to be applicable to all state accredited providers and that this compendium be forwarded for implementation to recognized state medical societies.
- 02-C-08 The Committee for Review and Recognition's reporting relationship with the ACCME will be modified so that recognition recommendations are made to the ADC, for consistency with policy and procedure, with the ADC acting on those recommendations and seeking ratification from the ACCME. (Implementation effective 2004)
- The Committee for Review and Recognition's policy recommendations and procedures will be reviewed by ACCME for consistency with ACCME policy, vision and strategic plans. (Implementation effective immediately)
- 02-C-09 The Committee for Review and Recognition will ensure through the recognition process that recognized accreditors provide ACCME with current lists of their accredited providers and the ACCME will publish the list of intrastate accredited providers on its website.
- 03-B-13 When an ACCME Recognized Intrastate Accreditor's recognition term lapses for more than two years, the accreditor may apply for recognition only as an initial applicant.

ACCREDITATION POLICY COMPENDIUM

In accordance with ACCME Policy 2000-C-12, the ACCME has identified accreditation policies that are applicable to **all** providers within the ACCME system. These policies **must** be used by in the accreditation and monitoring of **all** accredited providers. This compendium, which lists these policies, will be updated on a periodic basis as the ACCME adopts any policy that is applicable to **all** accredited providers of CME.

81-C-05 An organization is not eligible to apply for accreditation if, in the judgment of the ACCME, its program is devoted to advocacy of unscientific modalities of diagnosis or therapy.

82-B-03 The Definition of Continuing Medical Education:

Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

A broad definition of CME, such as the one found above, recognizes that all continuing educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate CME for practitioners interested in providing better service to patients.

Not all continuing educational activities which physicians may engage in however, are CME. Physicians may participate in worthwhile continuing educational activities which are not related directly to their professional work, and these activities are not CME. Continuing educational activities which respond to a physician's non-professional educational need or interest, such as personal financial planning, appreciation of literature or music, are not CME.

82-B-04 Definition of an Organization Eligible for Accreditation

The ACCME, in an attempt to foster continuing medical education of high quality at reasonable cost, available to all physicians in the United States, specifies the following criteria of eligibility for accreditation: Institutions and organizations which are surveyed and accredited directly by the ACCME are generally defined as follows: state medical societies, schools of medicine, and other institutions and organizations providing continuing medical education activities on a regular and recurring basis and serving registrants, more than 30% of whom are from beyond bordering states.

Institutions and organizations not eligible for accreditation directly by the ACCME should seek accreditation from the state medical society (or state accrediting body in states where the medical society does not accredit alone) in the state in which they have their headquarters or in which they provide CME activities.

To be eligible for accreditation, a provider must offer a program of continuing professional education for physicians. An organization is not eligible to apply for accreditation if its program is devoted solely to advocacy of a modality of diagnosis or treatment which is not a subject for instruction in most medical schools whose programs of medical education are accredited by the Liaison Committee on Medical Education

The ACCME reserves the right to make decisions on eligibility for accreditation.
(Amended 7/98)

85-C-01* Types and Duration of Accreditation:

PROVISIONAL ACCREDITATION (standard status for initial applicants)

Two years is the period of Provisional Accreditation;

One extension of up to two years may be given;

Provisional Accreditation may also be given when an accredited organization's program is so altered that it is essentially a new program;

An adverse decision at the end of Provisional Accreditation will result in Non-Accreditation; it cannot result in Probationary Accreditation.

ACCREDITATION

Maximum period of Accreditation is six years;

Standard period of Accreditation is four years;

Accreditation may be reinstated after a period of probation.

PROBATIONARY ACCREDITATION

May be given to an accredited program with serious deviation from the Essential Areas, Elements and Policies;

May be for one or two years;

May not be extended.

NON-ACCREDITATION

May be given after the initial survey;

May be given after Provisional Accreditation;

May be given after Probationary Accreditation of one or two years.

Accreditation cannot be withdrawn without a period of Probationary Accreditation except in cases where there are compelling reasons to do otherwise. *(*This policy states the maximum terms that can be awarded. Intrastate accreditors may grant shorter accreditation terms and may also choose their own types of accreditation.)*

86-B-01* Four years should be the "standard" period of accreditation for programs that meet all of the Essential Areas, Elements and Policies and that 6 years accreditation is reserved for programs which are truly exceptional. *(*This policy states the maximum accreditation terms that can be awarded. Intrastate accreditors may grant shorter accreditation terms.)*

- 93-C-03 Disclosure of significant support or substantial financial relationships between presenters and commercial entities is required in relevant situations whether or not there is direct commercial support for the CME activity.
- 94-A-09 The Standards for Commercial Support and the Standards for Enduring Materials do not prohibit distribution of certified enduring materials by commercial representatives directly to physicians. However, the accredited provider must maintain its responsibility for the quality, content and use of the enduring material in compliance with the Essential Areas, Elements and Policies.
- 94-A-21 Definition of a Program of CME:
Accreditation is granted on the basis of the provider's demonstrated ability to plan and implement CME activities in accordance with the Essential Areas, Elements and Policies. The provider's overall program may include occasional CME activities, that do not fully meet the standards for needs assessment, well-defined objectives, curricular design, and evaluation. These activities are part of the accredited provider's overall CME program as long as the Provider exercises responsibility for these activities through its recognized CME administrative unit. The organization should identify those CME activities within its overall program which meet the Essential Areas, Elements and Policies.
- 94-A-28 The accreditation statement must appear on all CME activity materials and brochures distributed by accredited institutions/organizations.
[ACCREDITATION STATEMENT LANGUAGE HAS BEEN REVISED/UPDATED;
PLEASE SEE ACTION 00-B-14]
- 94-C-02 Policy and procedure on dual accreditation:
A single provider of continuing medical education may not maintain accreditation by the ACCME and a state medical society at the same time. (It is recognized that short periods of overlap may occur when a provider transitions from one accreditation system to the other and continues to be listed as "accredited" by both.)
When a state medical society accredited provider alters its function and seeks and achieves accreditation from the ACCME, that provider should promptly notify the respective state medical society, withdraw from its accreditation system, and ask to be deleted from its list of accredited providers of CME. Should an ACCME-accredited provider change its role and become accredited by the state medical society, a similar procedure must be followed.
Annually, the ACCME will notify state medical societies of CME providers in their states which have been awarded accreditation by the ACCME. (amended 7/98)

94-C-05 For all CME activities, providers must disclose to participants prior to educational activities the existence of any significant financial or other relationship a faculty member or the provider has with the manufacturer(s) of any commercial product(s) or provider(s) of any commercial service(s) discussed in an educational presentation.

95-B-02 Commercial Acknowledgment in Enduring Materials:

1. Product specific advertising of any type is prohibited in enduring materials.
2. Commercial support must be acknowledged in order to comply with the Standards for Commercial Support and references to a company or institution are allowed.
3. This acknowledgment must be placed only at the beginning of the enduring material.
4. The institutional acknowledgment may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.
5. No specific products may be referenced, even if they are not related to the topic of the enduring material.

This policy shall apply to all enduring materials with release dates or review dates of July 1, 1996, and beyond.

96-A-05 An accredited provider is required to retain activity files/records during the current accreditation or for the last twelve months, whichever is longer.

96-B-07 A commercial supporter is defined as any entity providing funds or resources to a continuing medical education provider.

96-C-07 JOINT SPONSORSHIP:

Definition: Activity Planning and Presentation in Partnership with Non-Accredited Providers

Intent: The accredited provider shall accept responsibility that the ACCME's Accreditation Policies and Procedures are met when educational activities are planned and presented in joint sponsorship with non-accredited providers.

1. The accredited provider must be able to provide to the ACCME written documentation that demonstrates how each such jointly sponsored CME activity was planned and implemented in compliance with the ACCME's Accreditation Policies and Procedures. Material submitted can be from files of either the accredited provider or the non-accredited provider.

2. All printed materials for jointly sponsored activities must carry the appropriate accreditation statement.

3. If two or more accredited providers are involved in an activity, then one of them must assume responsibility for the activity and this must be clearly indicated through the appropriate accreditation statement.

For full text of the accreditation statements, see policy 00-B-14.

- 97-A-16 Commercial exhibits are promotional activities, and as such, accredited providers are not obligated to fulfill all the requirements of the ACCME's Standards of Commercial Support with respect to these promotional activities, but are obligated to use sound fiscal and business practices with respect to these exhibits.
- 97-A-20 The ACCME will not deny eligibility for accreditation solely on the basis that an organization produces and/or markets a product (device, biologic or pharmaceutical as regulated by the Food and Drug Administration) or activities about a product (device, biologic or pharmaceutical as regulated by the Food and Drug Administration) as long as the activities they develop and/or present are educational and not promotional.
- The ACCME will consider an activity to be educational, rather than promotional, when the activity is deemed to have been, in all respects, created and presented in compliance with the ACCME's Standards for Commercial Support.
- 97-B-17 Funds from governmental entities are not considered commercial support.
- 97-C-03* A provider may receive no more than four years accreditation immediately following probation. (**This policy states the maximum accreditation term that can be awarded following probation. Intrastate accreditors may grant shorter accreditation terms.*)
- 1998-B-07 In addition to all applicable ACCME requirements, providers of enduring materials must communicate the following information to participants so that they are aware of this information prior to starting the educational activity:
- 1) Principal faculty and their credentials;
 - 2) Medium or combination of media used;
 - 3) Method of physician participation in the learning process;
 - 4) Estimated time to complete the educational activity (same as number of designated credit hours);
 - 5) Dates of original release and most recent review or update; and
 - 6) Termination date (date after which enduring material is no longer certified for credit). (amended 3/2002)
- 98-B-08 An accredited provider will have mechanisms in place to record and, when authorized by the participating physician, verify participation for six years from the date of the CME activity.
- 98-B-10 The "activity" in a journal-based CME activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s)) and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process.
- Educational content must be within the ACCME's definition of continuing medical education.
- The activity in a journal-based CME activity is not completed until the learner

documents participation in that activity to the provider.

In any journal-based CME activity, the learner should not encounter advertising within the pages of the article(s) or within the pages of the related questions or evaluation materials. (Effective January 1, 1999)

- 99-A-14 The accredited provider may delegate the responsibility for receiving and disbursing funds from educational grants to an educational partner. However, the letter of agreement regarding the grant must be between the accredited provider and the commercial supporter and the accredited provider must maintain and be able to produce as documentation a full accounting of the funds.
- 99-A-16 Information that a faculty member has no significant financial relationships to disclose must be provided to the learner.
- 99-A-17 Information that a faculty member has refused to disclose if there are any significant financial relationships must be provided to the learner.
- 99-B-17 The accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity like the date, location, and title. If more specific information is included, like faculty and objectives, the accreditation statement must be included.
- 99-B-18 Promotional materials for CME activities that are not directly related to the transfer of education to the learner may include advertising. Such promotional materials must contain information about multiple non-CME elements of the event such as schedules and course descriptions. Education materials that are part of the accredited activity such as slides and handouts cannot have any advertising.
- 99-C-07 Element SCS3c reads in part “the accredited provider shall require the speaker to disclose that the product is not labeled for the use under discussion.” Compliance is documentation that demonstrates the provider has a practice in place to make this requirement known to the faculty.
- 99-C-21 If faculty members are “bona fide” faculty, in that they are listed on the agenda as facilitating or conducting a presentation/session, but they participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid as allowed by the Standards for Commercial Support.
- 2000-B-10 ACCME will require accredited providers to use the previously approved directly sponsored and jointly sponsored statements.

For directly sponsored activities: “The (name of accredited provider) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.”

For jointly sponsored activities: “This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint

sponsorship of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by the ACCME to provide continuing medical education for physicians."

CME activities that are co-sponsored should use the directly sponsored activity statement, naming the one accredited provider that is responsible for the activity.

2000-B-12 When the ACCME considers a provider with, or an applicant for, ACCME accreditation, to be owned by, or to be, a corporate entity with a proprietary or financial interest in a medical or health care product over which the FDA has regulatory jurisdiction (an "interested company"), then the following will be among the criteria ACCME will use to judge the provider's compliance with the ACCME's Standards for Commercial Support:

1. There must be no staff or consultants of the interested company, who have work responsibilities in the interested company, involved in the development of the CME activities of the accredited provider or accredited CME unit within the interested company. (To be compliant with SCS 1)
2. All in-kind support, or funds, supplied by the interested company to the accredited provider will be considered "commercial support," as defined in ACCME Policy and the Standards for Commercial Support. (To be compliant with SCS 5 and 7)
3. After each activity, the ACCME accredited provider must ascertain directly from the learners and faculty if the learners or faculty perceived that the activity was commercially biased, and if commercial bias is perceived, the accredited provider must have documented the steps that will be taken to detect and prevent the presence of such bias in the future. (To be compliant with SCS 1 and 3)

Beginning July 14, 2000, applicants for initial ACCME® accreditation will be asked to demonstrate compliance with this policy. Providers that received ACCME® accreditation on or before July 14, 2000 will be asked to demonstrate compliance with this policy after October 1, 2001.

2000-B-14 CME providers with ACCME® accreditation are required to disclose the following information to learners in order to fulfill ACCME's faculty disclosure requirements:

1. Faculty member's name;
2. Name of the commercial supporter or entity with which the faculty member has the relationship or affiliation; and
3. Type(s) of relationships.

ACCME requirements for faculty disclosure are applicable to faculty relationships that are in place at the time of the activity or were in place in the 12 months preceding the activity.

2002-A-03 Accredited providers are required to review their enduring materials at least once every three (3) years, or more frequently if indicated by new scientific developments.

- 2002-A-11
1. CME activities delivered via the Internet are expected to be in compliance with ACCME Essential Areas, Elements, and Policies.
 2. There shall be no CME activities of an ACCME accredited provider on a pharmaceutical or device manufacturers' product website.
 3. With clear notification that the learner is leaving the educational website, links from the website of an ACCME accredited provider to pharmaceutical and device manufacturers' product websites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity.
 4. Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads.
 5. The accredited provider must indicate, at the start of each Internet CME activity, the hardware and software required for the learner to participate.
 6. The accredited provider must have a mechanism in place for the learner to be able to contact the provider if there are questions about the Internet CME activity.
 7. The accredited provider must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CME activities it provides on the Internet.
 8. The accredited provider must be able to document that it owns the copyright for, or has received permissions for use of, or is otherwise permitted to use copyrighted materials within a CME activity on the Internet.

2002-B-09 The ACCME adopted as policy:

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
3. Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.