

## **Glossary** **(as defined by and adopted from the ACCME)**

**Accreditation Council for Continuing Medical Education (ACCME):** The ACCME sets the standards for the accreditation of all providers of CME activities. The ACCME has two major functions: the accreditation of providers whose CME activities attract a national audience and the recognition of state medical societies to accredit providers whose audiences for its CME activities are primarily from that state and contiguous states.

**Accreditation Statement:** The standard statement that must be used by all accredited institutions and organizations. There are two different statements.

Directly Provided Activity – An activity planned and implemented by an accredited provider.

Jointly Provided Activity – An activity planned and implemented by an accredited provider working in partnership with a non-accredited entity. The accredited provider must ensure compliance with ACCME Accreditation Requirements and Policies.

**Activity:** A CME activity is an educational offering that is planned, implemented, and evaluated in accordance with the ACCME Accreditation Criteria, Standards for Integrity and Independence in Accredited Continuing Education, and policies.

**Advertising and exhibits income:** The promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be commercial support.

**AMA Physician's Recognition Award (PRA):** The AMA PRA has recognized physician participation in CME since 1968. The AMA established the PRA certificate and the related AMA PRA credit system to recognize physicians who, by participating in CME activities, demonstrate their commitment to staying current with advances in medicine. More information can be found in the AMA PRA booklet.

**AMA PRA Category 1 Credit™:** The type of CME credit that physicians earn by participating in certified activities provided by CME providers accredited by either the ACCME or an ACCME-recognized State/Territory Medical Society; by participating in activities recognized by the AMA as valid educational activities and awarded directly by the AMA; and by participating in certain international activities recognized by the AMA through its International Conference Recognition Program.

**AMA PRA Category 2 Credit™:** Credit that is self-claimed and self-documented by physicians by participating in activities that are not certified for AMA PRA Category 1 Credit™ and that the physician individually determines comply with the AMA definition of CME; and comply with the relevant AMA ethical opinions (see CEJA Opinions relevant to CME); and are not promotional; and the physician finds to be a worthwhile learning experience related to his/her practice.

**AMA PRA CME credit system:** Developed in 1968, the credit system initially described the type of educational activities that would qualify to meet the requirement to obtain the AMA's PRA (See Physician's Recognition Award). The AMA PRA Standards and Policies have evolved and now AMA PRA credit has been accepted as an educational metric for the purposes of state licensure, professional credentialing, hospital privileging and maintenance of certification of physicians.

**Commercial support:** Monetary or in-kind contributions given by an ineligible company that are used to pay all or part of the costs of a CME activity. The requirements for receiving and managing commercial support are explained in the ACCME Standards for Integrity and Independence in Accredited Continuing Education. Advertising and exhibit income is not considered commercial support.

**Committee learning:** A live CME activity that involves a learner's participation in a committee process addressing a subject that would meet ACCME definition of CME if it were taught or learned in another format.

**Competence:** In the context of evaluating effectiveness of a CME activity in the ACCME System, the extent to which learners know how to implement (or stop doing) what the activity intended to teach them.

**Competency:** An underlying characteristic... causally related to effective or superior performance in a job. *Spencer, L.M., McClelland, D.C., & Spencer, S.M. (1994). Competency assessment methods: History and state of the art. Hay/McBer Research Press* *Boyatzis, R.E. (1982). The competent manager: A model for effective performance. New York: Wiley-INTERSCIENCE*

**Compliance:** The finding given when a CME provider has fulfilled the ACCME's/Recognized Accreditor's requirements for the specific criterion in the Accreditation Criteria or policy.

**Continuing Medical Education (CME):** The educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships a physician uses to provide services for patients, the public, or the profession. CME represents 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.

**Council on Ethical and Judicial Affairs (CEJA):** The AMA elected body responsible for developing ethics policy for the AMA. Comprising seven practicing physicians, a resident or fellow, and a medical student, CEJA prepares reports that analyze and address timely ethical issues that confront physicians and the medical profession. CEJA maintains and updates the AMA Code of Medical Ethics, widely recognized as the most comprehensive ethics guide for physicians. In addition, CEJA has judicial responsibilities, which include appellate jurisdiction over physician members' appeals of ethics-related decisions made by state and specialty medical societies. To protect the integrity and quality of the CME enterprise and to support the autonomy of physicians as voluntary participants in CME activities, CEJA has rendered Opinions 9.2.6, Ethical Issues in CME; 9.2.7, Financial Relationships with Industry in Continuing Medical Education; and 9.6.2, Gifts to Physicians from Industry. Activities certified for AMA PRA Category 1 Credit™ must be developed in accordance with these opinions.

**Council on Medical Education:** The AMA elected body that formulates policy on medical education (including undergraduate, graduate, and CPPD/CME) by recommending educational policies to the AMA House of Delegates, through the AMA Board of Trustees. The Council provides stewardship of the AMA PRA credit system, and is also responsible for recommending nominees to the boards of ACCME and other accrediting bodies, as well as to other national organizations.

**Course:** is a live CME activity where the learner participates in person. A course is planned as an individual event. Examples: annual meeting, conference, seminar. For events with multiple sessions, such as annual meetings, accredited providers report one activity and calculate the hours of instruction by totaling the hours of all educational sessions offered for CME credit. To calculate the numbers of learners, accredited providers report the number of learners registered for the overall event. Accredited providers are not required to calculate participant totals from the individual sessions. If a course is held multiple times for multiple audiences, then each instance is reported as a separate activity.

**Credit:** The "currency" assigned to CME activities. Physicians and other healthcare professionals use credits to meet requirements for maintenance of licensure, maintenance of specialty board certification, credentialing, membership in professional societies, and other professional privileges. The requirements for credit designation are determined by the organization responsible for the credit system. Besides the AMA, other organizations in the US that administer credit systems for physicians include the American Academy of Family Physicians and the American Osteopathic Association. Please refer to those organizations for more information. See *AMA PRA Category 1 Credit™* and *AMA PRA Category 2 Credit™* above.

**Criteria:** The levels of performance and/or accomplishment required of CME provider for accreditation within the ACCME system.

**Designation of CME Credit:** The declaration that an activity meets the requirements for a specific type of credit. The accredited provider is responsible to those organizations that administer credit systems for compliance with applicable credit requirements. Note: The designation of credit for CME activities is not within the purview of the ACCME or ACCME Recognized Accreditors. See also "Credit."

**Enduring material:** An activity that endures over a specified time and does not have a specific time or location designated for participation; rather, the participant determines whether and when to complete the activity. Examples: online interactive educational module, recorded presentation, podcast.

**Expenses:** are the total cost of goods, services and facilities allocated to support the accredited provider's CME program. Examples: amounts spent for CME staff salaries, faculty honoraria, and meeting space.

**Hours of instruction:** represents the total hours of educational instruction provided. For example, if a 1-day course lasts 8 hours (not including breaks or meals), then the total hours of instruction reported for that course is 8. Hours of instruction may or may not correspond to the number of credits designated for the American Medical Association Physician's Recognition Award. Accredited providers have the option to report the number of AMA PRA CATEGORY 1 CREDITS™ designated for activities but they are not required to do so.

**Ineligible Companies:** as defined by the ACCME, are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. An ineligible company is not eligible for accreditation in the ACCME system.

**In-kind commercial support:** are nonmonetary resources provided by a commercial interest in support of a CME activity. Examples of in-kind support include equipment, supplies, and facilities.

**Internet enduring material activity:** An enduring material provided via the Internet, meaning that there is no specific time designated for participation. Rather, the participant determines when to complete the activity. Examples: online interactive educational module, recorded presentation, podcast.

**Internet live activity:** A live course available via the Internet at a certain time on a certain date and is only available in real-time, just as if it were a course held in an auditorium. Example: webcast.

**Internet searching and learning:** is based on a learner identifying a problem in practice and then researching the answer online using sources that are facilitated by an accredited provider. For the purpose of ACCME data collection, the ACCME includes Internet point-of-care learning, as defined by the American Medical Association, in the category Internet searching and learning. Providers that offer Internet searching and learning CME aggregate their data from all learners and report it as a single activity. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the Internet searching and learning CME activity. The number of participants equals the total number of persons who participated in Internet searching and learning as a CME activity. Each participant is counted once, regardless of how many times they participated or how many pages they viewed. For example, a provider offers Internet searching and learning CME and 50 physicians participate. Each physician spent 30 minutes participating in this activity. The accredited provider reports this as 1 Internet searching and learning CME activity with 50 physician participants and .5 hours of instruction. Jointly provided: An activity is planned, implemented, and evaluated by the accredited provider and a non-accredited entity.

**Journal-based CME:** 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. The ACCME does not consider a journal-based CME activity to have been completed until the learner documents participation in that activity to the provider. Each article is counted as 1 activity. To calculate hours of instruction, the accredited provider specifies the amount of time required to complete the activity. The number of participants reported by the accredited provider equals the total number of individuals who completed the activity. Each participant is counted once, regardless of how many times they worked on the activity. For example, an accredited provider produces a journal that contains an article that is designated as a journal-based CME activity. Twenty physicians read the article, reflect on the content, and complete questions related to the content of the article. The physicians spend 1 hour on this activity. The provider would report this as 1 journal-based CME activity with 20 physician participants and 1 hour of instruction.

**Learning from teaching:** Personal learning projects designed and implemented by the learner with facilitation from the accredited provider. The ACCME does not have special requirements for this activity type. The ACCME developed the learning from teaching label as a corollary to the AMA PRA CATEGORY 1 CREDITS™ awarded directly to physicians for "Teaching at a live activity." To report learning from teaching CME, accredited providers aggregate the data from all learners and count it as a single activity. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the learning from teaching CME activity. The number of participants equals the number of individuals who participated in this CME activity. Each participant is counted once, regardless of how many times they worked on the activity. For example, an accredited provider created a learning from teaching activity for 10 physicians. Each physician completed the CME activity in 2 hours. The accredited provider reports this as 1 Learning from Teaching CME activity with 10 physician participants and 2 hours of instruction.

**Manuscript review:** is based on a learner's participation in a manuscript's pre-publication review process. When calculating the number of manuscript review CME activities, accredited providers report each journal for which the manuscript(s) is being reviewed as 1 activity regardless of the number of manuscripts or reviewers. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the manuscript review CME activity. The number of participants equals the total number of learners engaged in reviewing manuscripts as CME. Each participant is counted once regardless of how many manuscripts they reviewed. For example, an accredited provider publishes 1 journal. During the course of the year, 25 physicians reviewed manuscripts for this journal. Each physician spent 2 hours on the review. The accredited provider reports this as 1 manuscript review CME activity with 25 physician participants and 2 hours of instruction.

**Measurable Objectives:** Statements that clearly describe what the learner will be able to know or do after participating in the CME activity resulting in a change to the learner's competence, performance, or patient outcomes.

**Other income:** includes all income the accredited provider received for its CME activities and CME program that does not fall under commercial support or advertising and exhibit income. The most common examples of other income include activity registration fees, grants from government agencies or independent nonprofit foundations, and allocations from the accredited provider's parent organization or other internal departments to pay for the CME unit's expenses.

**Other learners:** Learners other than those who have obtained an MD, DO, or equivalent medical degree from another country.

**Performance:** What one actually does, in practice. Performance is based on one's competence but is modified by system factors and the circumstances.

**Performance improvement (PI):** An activity structured as a three-stage process by which a physician or group of physicians learn about specific performance measures, assess their practice using the selected performance measures, implement interventions to improve performance related to these measures over a useful interval of time, and then reassess their practice using the same performance measures.

**Physician learners:** Activity attendees who are MDs or DOs, or have an equivalent medical degree from another country. Residents are included in this category.

**Professional Practice Gap:** The difference between actual and ideal performance and/or patient outcomes. In patient care, the quality gap is "the difference between present treatment success rates and those thought to be achievable using best practice guidelines." *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> As CME content goes beyond issues of direct patient care, the ACCME is using professional practice gap to refer to a quality gap in areas that include but also can go beyond patient care (e.g., systems' base practice, informatics, leadership, and administration).

**Program of CME:** The provider's CME activities and functions taken as a whole.

**Provider:** The institution or organization that is accredited to present CME activities.

**Purpose of CME Accreditation:** To assure physicians and the public that CME activities meet accepted standards of education.

**Recognition:** The ACCME process used to approve state/territory medical societies as accreditors of intrastate providers.

**Regularly scheduled series:** The ACCME defines a regularly scheduled series (RSS) as a course that is planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly; and is primarily planned by and presented to the accredited organization's professional staff. Examples include grand rounds, tumor boards, and morbidity and mortality conferences. Accredited providers report each RSS as 1 activity. In addition, accredited providers follow the following guidelines: The cumulative number of hours for all sessions within a series equals the number of hours for that activity and each physician is counted as a learner for each session he/she attends in the series. For example: Internal Medicine Grand Rounds is planned for the entire year as 1 series. Participants meet weekly during the year for 1 hour each week. The accredited provider reports the series as 1 activity with 52 hours of instruction. If 20 physicians participated in each session, total physician participants would be 1,040 (20 physicians per session multiplied by 52 sessions) for that single activity.

**State-accredited provider:** CME provider accredited by a state/territory medical society that is recognized by the ACCME as an accreditor. State-accredited providers offer CME primarily to learners from their state or contiguous states, as opposed to ACCME-accredited providers, which offer CME primarily to national or international audiences.

**Test-item writing:** An activity wherein physicians learn through their contribution to the development of examinations, or certain peer-reviewed self-assessment activities, by researching, drafting and defending potential test items.