



# The ACCME Accreditation Requirements

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Note for the December 2021 edition: In this edition, we updated the requirements for Provisional Accreditation.

## Accreditation Criteria

Initial applicants seeking to achieve Provisional Accreditation, a two-year term, must comply with all Core Accreditation Criteria.

Providers seeking Accreditation, a four year-year term, must comply with all the Core Accreditation Criteria. Accredited providers also have the option to seek Accreditation with Commendation, a six-year term. See the explanation below.

All providers must comply with the applicable Standards for Integrity and Independence in Accredited Continuing Education and applicable policies.

Core Accreditation Criteria	
CME Mission and Program Improvement	
Mission	The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program. (formerly Criterion 1)
Program Analysis	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. (formerly Criterion 12)
Program Improvements	The provider identifies, plans and implements the needed or desired changes in the overall program (eg, planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission. (formerly Criterion 13)

Educational Planning and Evaluation	
Educational Needs	The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners. (formerly Criterion 2)
Designed to Change	The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement. (formerly Criterion 3)
Appropriate Formats	The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. (formerly Criterion 5)
Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies). (formerly Criterion 6)
Analyzes Change	The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions. (formerly Criterion 11)

## Menu of Criteria for Accreditation with Commendation (optional)

To be eligible for Accreditation with Commendation, CME providers must demonstrate compliance with all of the Core Accreditation Criteria, in addition to eight criteria from the commendation menu. Choosing from the menu, providers need to demonstrate compliance with any seven criteria of their choice, from any category, plus one criterion from the “Achieves Outcomes” category, for a total of **eight** criteria.

All providers must demonstrate compliance with the applicable Standards for Integrity and Independence in Accredited Continuing Education and applicable policies.

### Promotes Team-based Education

Engages Teams	Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE). (formerly Criterion 23)
Engages Patients/Public	Patient/public representatives are engaged in the planning and delivery of CME. (formerly Criterion 24)
Engages Students	Students of the health professions are engaged in the planning and delivery of CME. (formerly Criterion 25)

### Addresses Public Health Priorities

Advances Data Use	The provider advances the use of health and practice data for healthcare improvement. (formerly Criterion 26)
Addresses Population Health	The provider addresses factors beyond clinical care that affect the health of populations. (formerly Criterion 27)
Collaborates Effectively	The provider collaborates with other organizations to more effectively address population health issues. (formerly Criterion 28)

### Enhances Skills

Optimizes Communication Skills	The provider designs CME to optimize communication skills of learners. (formerly Criterion 29)
Optimizes Technical/Procedural Skills	The provider designs CME to optimize technical and procedural skills of learners. (formerly Criterion 30)
Creates Individualized Learning Plans	The provider creates individualized learning plans for learners. (formerly Criterion 31)
Utilizes Support Strategies	The provider utilizes support strategies to enhance changes as an adjunct to its CME. (formerly Criterion 32)

### Demonstrates Educational Leadership

Engages in Research/Scholarship	The provider engages in CME research and scholarship. (formerly Criterion 33)
Supports CPD for CME Team	The provider supports the continuous professional development of its CME team. (formerly Criterion 34)
Demonstrates Creativity/Innovation	The provider demonstrates creativity and innovation in the evolution of its CME program. (formerly Criterion 35)

### Achieves Outcomes

Improves Performance	The provider demonstrates improvement in the performance of learners. (formerly Criterion 36)
Improves Healthcare Quality	The provider demonstrates healthcare quality improvement. (formerly Criterion 37)
Improves Patient/Community Health	The provider demonstrates the impact of the CME program on patients or their communities. (formerly Criterion 38)

**MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION**

CRITERION		RATIONALE	CRITICAL ELEMENTS	STANDARD
<b>Promotes Team-based Education</b>				
Engages Teams	Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE). (formerly C23)	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.	<ul style="list-style-type: none"> <li>Includes planners from more than one profession (representative of the target audience) AND</li> <li>Includes faculty from more than one profession (representative of the target audience) AND</li> <li>Activities are designed to change competence and/or performance of the healthcare team.</li> </ul>	<p>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.</p> <p>At review, submit evidence for this number of activities:* S=2; M=4; L=6; XL=8</p>
Engages Patients/Public	Patient/public representatives are engaged in the planning and delivery of CME. (formerly C24)	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.	<ul style="list-style-type: none"> <li>Includes planners who are patients and/or public representatives AND</li> <li>Includes faculty who are patients and/or public representatives</li> </ul>	<p>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.</p> <p>At review, submit evidence for this number of activities:* S=2; M=4; L=6; XL=8</p>
Engages Students	Students of the health professions are engaged in the planning and delivery of CME. (formerly C25)	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.	<ul style="list-style-type: none"> <li>Includes planners who are students of the health professions AND</li> <li>Includes faculty who are students of the health professions</li> </ul>	<p>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.</p> <p>At review, submit evidence for this number of activities:* S=2; M=4; L=6; XL=8</p>

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

## MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION

MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION					
CRITERION	RATIONALE	CRITICAL ELEMENTS	STANDARD		
<b>Addresses Public Health Priorities</b>					
Advances Data Use	The provider advances the use of health and practice data for healthcare improvement. (formerly C26)	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.	<ul style="list-style-type: none"> <li>• Teaches about collection, analysis, or synthesis of health/practice data</li> <li style="text-align: center;">AND</li> <li>• Uses health/practice data to teach about healthcare improvement</li> </ul>	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	
Addresses Population Health	The provider addresses factors beyond clinical care that affect the health of populations. (formerly C27)	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.	<ul style="list-style-type: none"> <li>• Teaches strategies that learners can use to achieve improvements in population health</li> </ul>	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 number of activities:* S=2; M=4; L=6; XL=8	
Collaborates Effectively	The provider collaborates with other organizations to more effectively address population health issues. (formerly C28)	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.	<ul style="list-style-type: none"> <li>• Creates or continues collaborations with one or more healthcare or community organization(s)</li> <li style="text-align: center;">AND</li> <li>• Demonstrates that the collaborations augment the provider's ability to address population health issues</li> </ul>	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

## MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION

CRITERION		RATIONALE	CRITICAL ELEMENTS	STANDARD
<b>Enhances Skills</b>				
Optimizes Communication Skills	The provider designs CME to optimize communication skills of learners. (formerly C29)	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.	<ul style="list-style-type: none"> <li>Provides CME to improve communications skills</li> </ul> <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <li>Includes an evaluation of observed (e.g., in person or video) communications skills</li> </ul> <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <li>Provides formative feedback to the learner about communication skills</li> </ul>	At review, submit evidence for this number of activities:* S=2; M=4; L=6; XL=8
Optimizes Technical/Procedural Skills	The provider designs CME to optimize technical and procedural skills of learners. (formerly C30)	Technical and procedural skills that are psychomotor in nature 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.	<ul style="list-style-type: none"> <li>Provides CME addressing psychomotor technical and/or procedural skills</li> </ul> <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <li>Includes an evaluation of observed (e.g., in person or video) psychomotor technical and/or procedural skill</li> </ul> <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <li>Provides formative feedback to the learner about psychomotor technical and/or procedural skill</li> </ul>	At review, submit evidence for this number of activities:* S=2; M=4; L=6; XL=8
Creates Individualized Learning Plans	The provider creates individualized learning plans for learners. (formerly C31)	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.	<ul style="list-style-type: none"> <li>Tracks the learner's repeated engagement with a longitudinal curriculum/plan over weeks or months</li> </ul> <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <li>Provides individualized feedback to the learner to close practice gaps</li> </ul>	At review, submit evidence of repeated engagement and feedback for this number of learners:* S=25; M=75; L=125; XL=200
Utilizes Support Strategies	The provider utilizes support strategies to enhance change as an adjunct to its CME. (formerly C32)	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.	<ul style="list-style-type: none"> <li>Utilizes support strategies to enhance change as an adjunct to CME activities</li> </ul> <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <li>Conducts a periodic analysis to determine the effectiveness of the support strategies, and plans improvements</li> </ul>	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 number of activities:* S=2; M=4; L=6; XL=8

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## MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION

CRITERION	RATIONALE	CRITICAL ELEMENTS	STANDARD	
<b>Demonstrates Educational Leadership</b>				
Engages in Research/Scholarship	The provider engages in CME research and scholarship. (formerly C33)	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.	<ul style="list-style-type: none"> <li>• Conducts scholarly pursuit relevant to CME</li> <li style="text-align: center;">AND</li> <li>• Submits, presents, or publishes a poster, abstract, or manuscript to or in a peer-reviewed forum</li> </ul>	At review, submit description of two projects completed during the accreditation term and the dissemination method used for each.
Supports CPD for CME Team	The provider supports the continuous professional development of its CME team. (formerly C34)	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.	<ul style="list-style-type: none"> <li>• Creates a CME-related continuous professional development plan for all members of its CME team</li> <li style="text-align: center;">AND</li> <li>• Learning plan is based on needs assessment of the team</li> <li style="text-align: center;">AND</li> <li>• Learning plan includes some activities external to the provider</li> <li style="text-align: center;">AND</li> <li>• Dedicates time and resources for the CME team to engage in the plan</li> </ul>	At review, submit description showing that the plan has been implemented for the CME team during the accreditation term.
Demonstrates Creativity/Innovation	The provider demonstrates creativity and innovation in the evolution of its CME program. (formerly C35)	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.	<ul style="list-style-type: none"> <li>• Implements an innovation that is new for the CME program</li> <li style="text-align: center;">AND</li> <li>• The innovation contributes to the provider's ability to meet its mission.</li> </ul>	At review, submit descriptions of four examples during the accreditation term.

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## MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION

CRITERION		RATIONALE	CRITICAL ELEMENTS	STANDARD
<b>Achieves Outcomes</b>				
Improves Performance	The provider demonstrates improvement in the performance of learners. (formerly C36)	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.	<ul style="list-style-type: none"> <li>• Measures performance changes of learners</li> <li style="text-align: center;">AND</li> <li>• Demonstrates improvements in the performance of learners</li> </ul>	<p>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.</p> <p>At review, submit evidence for this number of activities:* S=2; M=4; L=6; XL=8</p>
Improves Healthcare Quality	The provider demonstrates healthcare quality improvement. (formerly C37)	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.	<ul style="list-style-type: none"> <li>• Collaborates in the process of healthcare quality improvement</li> <li style="text-align: center;">AND</li> <li>• Demonstrates improvement in healthcare quality</li> </ul>	Demonstrate healthcare quality improvement related to the CME program twice during the accreditation term.
Improves Patient/Community Health	The provider demonstrates the impact of the CME program on patients or their communities. (formerly C38)	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.	<ul style="list-style-type: none"> <li>• Collaborates in the process of improving patient or community health</li> <li style="text-align: center;">AND</li> <li>• Demonstrates improvement in patient or community outcomes</li> </ul>	Demonstrate improvement in patient or community health in areas related to the CME program twice during the accreditation term.

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## **Standards for Integrity and Independence in Accredited Continuing Education**

The health professions are not only defined by expertise, but also by a dedication to put service of others above self-interest. When individuals enter the healthcare professions, they commit to upholding professional and ethical standards including acting in a patient's best interests, protecting the patient from harm, respecting the patient, fostering informed choices, and promoting equity in healthcare.

While the interests of healthcare and business sometimes diverge, both are legitimate, and collaboration between healthcare professionals and industry can advance patient care. Since healthcare professionals serve as the legally mandated gatekeepers of medications and devices, and trusted authorities when advising patients, they must protect their learning environment from industry influence to ensure they remain true to their ethical commitments.

As the stewards of the learning environment for healthcare professionals, the accredited continuing education community plays a critical role in navigating the complex interface between industry and the health professions. Organizations accredited to provide continuing education, known as accredited providers, are responsible for ensuring that healthcare professionals have access to learning and skill development activities that are trustworthy and are based on best practices and high-quality evidence. These activities must serve the needs of patients and not the interests of industry.

This independence is the cornerstone of accredited continuing education. Accredited continuing education must provide healthcare professionals, as individuals and teams, with a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.

The Accreditation Council for Continuing Medical Education (ACCME<sup>®</sup>) acts as the steward of the Standards for Integrity and Independence in Accredited Continuing Education, which have been drafted to be applicable to accredited continuing education across the health professions. The Standards are designed to:

- Ensure that accredited continuing education serves the needs of patients and the public.
- Present learners with only accurate, balanced, scientifically justified recommendations.
- Assure healthcare professionals and teams that they can trust accredited continuing education to help them deliver safe, effective, cost-effective, compassionate care that is based on best practice and evidence.
- Create a clear, unbridgeable separation between accredited continuing education and marketing and sales.

Terms used for the first time are written in *blue italics*, followed by the definition for the term.

## Eligibility

The ACCME is committed to ensuring that accredited continuing education (1) presents learners with only accurate, balanced, scientifically justified recommendations, and (2) protects learners from promotion, marketing, and commercial bias. To that end, the ACCME has established the following guidance on the types of organizations that may be eligible to be accredited in the ACCME System. The ACCME, in its sole discretion, determines which organizations are awarded ACCME accreditation.

### Types of Organizations That May Be Accredited in the ACCME System

Organizations eligible to be accredited in the ACCME System (*eligible organizations*) are those whose mission and function are: (1) providing clinical services directly to patients; or (2) the education of healthcare professionals; or (3) serving as fiduciary to patients, the public, or population health; and other organizations that are not otherwise ineligible. Examples of such organizations include:

- Ambulatory procedure centers
- Blood banks
- Diagnostic labs that do not sell proprietary products
- Electronic health records companies
- Government or military agencies
- Group medical practices
- Health law firms
- Health profession membership organizations
- Hospitals or healthcare delivery systems
- Infusion centers
- Insurance or managed care companies
- Nursing homes
- Pharmacies that do not manufacture proprietary compounds
- Publishing or education companies
- Rehabilitation centers
- Schools of medicine or health science universities
- Software or game developers

### Types of Organizations That *Cannot* Be Accredited in the ACCME System

Companies that are ineligible to be accredited in the ACCME System (*ineligible companies*) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of such organizations include:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

### Owners and Employees of Ineligible Companies

The *owners* and *employees* of ineligible companies are considered to have unresolvable financial relationships and must be excluded from participating as planners or faculty, and must not be allowed to influence or control any aspect of the planning, delivery, or evaluation of accredited continuing education, except in the limited circumstances outlined in Standard 3.2.

Owners and employees are individuals who have a legal duty to act in the company's best interests. Owners are defined as individuals who have an ownership interest in a company, except for stockholders of publicly traded companies, or holders of shares through a pension or mutual fund. Employees are defined as individuals hired to work for another person or business (the employer) for compensation and who are subject to the employer's direction as to the details of how to perform the job.

Ineligible companies are prohibited from engaging in **joint providership** with accredited providers. Joint providership enables accredited providers to work with nonaccredited eligible organizations to deliver accredited education.

The ACCME determines eligibility for accreditation based on the characteristics of the organization seeking accreditation and, if applicable, any parent company. Subsidiaries of an ineligible parent company cannot be accredited regardless of steps taken to firewall the subsidiaries. If an eligible parent company has an ineligible subsidiary, the owners and employees of the ineligible subsidiary must be excluded from accredited continuing education except in the limited circumstances outlined in Standard 3.2.

## **Standard 1: Ensure Content is Valid**

Standard 1 applies to all accredited continuing education.

Accredited providers are responsible for ensuring that their education is fair and balanced and that any clinical content presented supports safe, effective patient care.

1. All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
2. All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
3. Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
4. Organizations cannot be accredited if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

## **Standard 2: Prevent Commercial Bias and Marketing in Accredited Continuing Education**

Standard 2 applies to all accredited continuing education.

Accredited continuing education must protect learners from commercial bias and marketing.

1. The accredited provider must ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company.
2. Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
3. The accredited provider must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.

## Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships

Standard 3 applies to all accredited continuing education.

Many healthcare professionals have financial relationships with ineligible companies. These relationships must not be allowed to influence accredited continuing education. The accredited provider is responsible for identifying **relevant financial relationships** between individuals in control of educational content and ineligible companies and managing these to ensure they do not introduce commercial bias into the education. Financial relationships of any dollar amount are defined as relevant if the educational content is related to the business lines or products of the ineligible company.

Accredited providers must take the following steps when developing accredited continuing education. Exceptions are listed at the end of Standard 3.

1. **Collect information:** Collect information from all planners, faculty, and others in control of educational content about **all** their financial relationships with ineligible companies within the prior **24** months. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education.

Disclosure information must include:

- a. The name of the ineligible company with which the person has a financial relationship.
  - b. The nature of the financial relationship. Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.
2. **Exclude owners or employees of ineligible companies:** Review the information about financial relationships to identify individuals who are owners or employees of ineligible companies. These individuals must be excluded from controlling content or participating as planners or faculty in accredited education. There are three exceptions to this exclusion—employees of ineligible companies can participate as planners or faculty in these specific situations:
    - a. When the content of the activity is not related to the business lines or products of their employer/company.
    - b. When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
    - c. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.
  3. **Identify relevant financial relationships:** Review the information about financial relationships to determine which relationships are relevant. Financial relationships are relevant if the educational content an individual can control is related to the business lines or products of the ineligible company.
  4. **Mitigate relevant financial relationships:** Take steps to prevent all those with relevant financial relationships from inserting commercial bias into content.
    - a. Mitigate relationships prior to the individuals assuming their roles. Take steps appropriate to the role of the individual. For example, steps for planners will likely be different than for faculty and would occur before planning begins.
    - b. Document the steps taken to mitigate relevant financial relationships.

5. **Disclose all relevant financial relationships to learners:** Disclosure to learners must include each of the following:
- The names of the individuals with relevant financial relationships.
  - The names of the ineligible companies with which they have relationships.
  - The nature of the relationships.
  - A statement that all relevant financial relationships have been mitigated.

**Identify ineligible companies by their name only.** Disclosure to learners must not include ineligible companies' corporate or product logos, trade names, or product group messages.

**Disclose absence of relevant financial relationships.** Inform learners about planners, faculty, and others in control of content (either individually or as a group) with no relevant financial relationships with ineligible companies.

**Learners must receive disclosure information, in a format that can be verified at the time of accreditation, before engaging with the accredited education.**

**Exceptions:** Accredited providers do **not** need to identify, mitigate, or disclose relevant financial relationships for any of the following activities:

- Accredited education that is non-clinical, such as leadership or communication skills training.
- Accredited education where the learner group is in control of content, such as a spontaneous case conversation among peers.
- Accredited self-directed education where the learner controls their educational goals and reports on changes that resulted, such as learning from teaching, remediation, or a personal development plan. When accredited providers serve as a source of information for the self-directed learner, they should direct learners only to resources and methods for learning that are not controlled by ineligible companies.

## Standard 4: Manage Commercial Support Appropriately

Standard 4 applies only to accredited continuing education that receives financial or in-kind support from ineligible companies.

Accredited providers that choose to accept **commercial support** (defined as financial or in-kind support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education. The support does not establish a financial relationship between the ineligible company and planners, faculty, and others in control of content of the education.

- Decision-making and disbursement:** The accredited provider must make all decisions regarding the receipt and disbursement of the commercial support.
  - Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
  - The accredited provider may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
  - The accredited provider must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.
  - The accredited provider may use commercial support to defray or eliminate the cost of the education for *all* learners.

2. **Agreement:** The terms, conditions, and purposes of the commercial support must be documented in an agreement between the ineligible company and the accredited provider. The agreement must be executed prior to the start of the accredited education. An accredited provider can sign onto an existing agreement between an accredited provider and a commercial supporter by indicating its acceptance of the terms, conditions, and amount of commercial support it will receive.
3. **Accountability:** The accredited provider must keep a record of the amount or kind of commercial support received and how it was used, and must produce that accounting, upon request, by the accrediting body or by the ineligible company that provided the commercial support.
4. **Disclosure to learners:** The accredited provider must disclose to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education. Disclosure must not include the ineligible companies' corporate or product logos, trade names, or product group messages.

## **Standard 5: Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education**

Standard 5 applies only when there is marketing by ineligible companies or nonaccredited education associated with the accredited continuing education.

Accredited providers are responsible for ensuring that education is separate from marketing by ineligible companies—including advertising, sales, exhibits, and promotion—and from nonaccredited education offered in conjunction with accredited continuing education.

1. Arrangements to allow ineligible companies to market or exhibit in association with accredited education must not:
  - a. Influence any decisions related to the planning, delivery, and evaluation of the education.
  - b. Interfere with the presentation of the education.
  - c. Be a condition of the provision of financial or in-kind support from ineligible companies for the education.
2. The accredited provider must ensure that learners can easily distinguish between accredited education and other activities.
  - a. Live continuing education activities: Marketing, exhibits, and nonaccredited education developed by or with influence from an ineligible company or with planners or faculty with unmitigated financial relationships must not occur in the educational space within 30 minutes before or after an accredited education activity. Activities that are part of the event but are not accredited for continuing education must be clearly labeled and communicated as such.
  - b. Print, online, or digital continuing education activities: Learners must not be presented with marketing while engaged in the accredited education activity. Learners must be able to engage with the accredited education without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisement.
  - c. Educational materials that are part of accredited education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.
  - d. Information distributed about accredited education that does not include educational content, such as schedules and logistical information, may include marketing by or for an ineligible company.
3. Ineligible companies may not provide access to, or distribute, accredited education to learners.

# ACCME POLICIES

The ACCME issues policies that supplement the ACCME Criteria. Accredited providers must adhere to the ACCME policies that are relevant to their organizations, as well as to the Accreditation Criteria.

ACCME Notes, which provide explanatory information about the policies, and other educational resources, are available at [www.accme.org](http://www.accme.org).

## ACCME GOVERNANCE

### *PUBLIC AND CONFIDENTIAL INFORMATION ABOUT ACCREDITED PROVIDERS*

The following information is considered *public information*, and therefore may be released by the ACCME. Public information includes certain information about accredited providers, and ACCME reserves the right to publish and release to the public, including on the ACCME Web site, all public information:

1. Names and contact information for accredited providers;
2. Accreditation status of provider;
3. Some annual report data submitted by the accredited provider, including for any given year:
  - Number of activities;
  - Number of hours of education;
  - Number of physician participants;
  - Number of designated AMA PRA Category 1 Credits™;
  - Competencies that activities were designed to address;
  - Number of nonphysician participants;
  - Accepts commercial support (yes or no);
  - Accepts advertising/exhibit revenue (yes or no);
  - Participates in joint providership (yes or no);
  - Types of activities produced (list)

Note: The ACCME will *not* release any dollar amounts reported by individual accredited providers for income, commercial support, or advertising/exhibits.

4. Aggregated accreditation finding and decision data broken down by provider type;
5. Responses to public calls for comment initiated by the ACCME;
6. Executive summaries from the ACCME Board of Directors' Meetings (exclusive of actions taken during executive session); and
7. Any other data/information that ACCME believes qualifies as "public information."

The ACCME reserves the right to use and/or share anonymized PARS data for research purposes, in keeping with the guidance of the ACCME Board of Directors.

The ACCME will maintain as *confidential information*, except as required for ACCME accreditation purposes, or as may be required by legal process, or as otherwise authorized by the accredited provider to which it relates:

1. To the extent not described as public information above, information submitted to the ACCME by the provider during the initial or reaccreditation decision-making processes for that provider;
2. Correspondence to and from ACCME relating to the accreditation process for a provider; and
3. ACCME proceedings (e.g., Board minutes, transcripts) relating to a provider, other than the accreditation outcome of such proceedings.

In order to protect confidential information, ACCME and its volunteers are required:

1. Not to make copies of, disclose, discuss, describe, distribute or disseminate in any manner whatsoever, including in any oral, written, or electronic form, any confidential information that the ACCME or its volunteers receive or generate, or any part of it, except directly for the accreditation or complaint/inquiry decision-making purposes;
2. Not to use such confidential information for personal or professional benefit, or for any other reason, except directly for ACCME purposes.

### *RULE-MAKING POLICY*

1. The notice and comment procedures utilized by ACCME for the adoption of rules and policies that directly impact members and accredited providers (the "Notice and Comment Procedures") shall not apply to matters relating to internal ACCME structure, management, personnel or business policy/practices.
  - a. The Notice and Comment Procedures will only apply to matters which directly and materially impact the ability of accredited providers to conduct business.
  - b. The ACCME, in its sole discretion, will assess if any particular rule or policy will be subject to the Notice and Comment Procedures.
2. If the ACCME decides to seek and accept public comment or input, then the ACCME will publish the proposed rule or policy on its website and state that interested persons have an opportunity to submit written data, views, or arguments with or without opportunity for oral presentation.
3. If the ACCME decides to seek and accept public comment or input, then at least 30 days will be given to provide that comment or input; provided, however, that if the ACCME determines that there is a pressing need for issuance of a rule or policy on an expedited basis, the ACCME may either shorten or eliminate the period of time during which public comments may be submitted.
4. After any period for public comment, the proposed rule or policy will be submitted to the ACCME Board of Directors. The ACCME Board of Directors may modify, reject, defer, and/or adopt the proposed rule or policy. Subject to the rights of ACCME Members contained in Article III, Section 2(c) of the ACCME Bylaws, the decision of the ACCME Board of Directors shall be final and there shall be no appeal there from.
5. The final rule or policy as approved by the ACCME Board of Directors will be posted on the ACCME website, which will include an effective date for the final rule or policy.



# CME PROGRAM AND ACTIVITY ADMINISTRATION

## *ACCME ACCREDITED PROVIDER MARKS*

Providers accredited within the ACCME System (providers directly accredited by the ACCME and those accredited by ACCME Recognized Accreditors) are welcome to use the ACCME Accredited mark for educational and identification purposes, and in [announcements](#) related to their attainment of ACCME accreditation. While the mark may be resized, the original aspect ratio should be maintained (it should not be stretched or condensed in a way that causes it to become distorted). Except for resizing, no other changes can be made.

ACCME-accredited and state-accredited providers that have achieved Accreditation with Commendation may also use the ACCME Accredited with Commendation mark for educational and identification purposes and in [announcements](#) related to their attainment of Accreditation with Commendation.

[Accredited Provider Mark](#)

[Accredited with Commendation Provider Mark](#)

## *ACCREDITATION STATEMENT*

The accreditation statement must appear on all CME activity materials and brochures distributed by accredited organizations, except that 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 such as the date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation statement must be included.

The ACCME accreditation statement is as follows:

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

For jointly provided activities: “This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of (name of accredited provider) and (name of nonaccredited provider). The (name of accredited provider) is accredited by the ACCME to provide continuing medical education for physicians.”

There is no "co-providership" accreditation statement. If two or more accredited providers are working in collaboration on a CME activity, one provider must take responsibility for the compliance of that activity. Co-provided CME activities should use the directly provided activity statement, naming the one accredited provider that is responsible for the activity. The ACCME has no policy regarding specific ways in which providers may acknowledge the involvement of other ACCME-accredited providers in their CME activities.

## *ADMINISTRATIVE DEADLINES*

ACCME-accredited providers and Recognized Accreditors are accountable for meeting ACCME administrative deadlines. Failure to meet ACCME administrative deadlines could result in (a) an immediate change of status to Probation, and (b) subsequent consideration by the Board of Directors for a change of status to Nonaccreditation or Nonrecognition.

## *CME ACTIVITY AND ATTENDANCE RECORDS RETENTION*

1. Attendance Records: An accredited provider must 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. The accredited provider is free to choose whatever registration method works best for their organization and learners. The ACCME does not require sign-in sheets.
2. Activity Documentation: An accredited provider is required to retain activity files/records of CME activity planning and presentation during the current accreditation term or for the last twelve months, whichever is longer.

## *CME CONTENT AND THE AMERICAN MEDICAL ASSOCIATION PHYSICIAN'S RECOGNITION AWARD*

All CME educational activities developed and presented by a provider accredited by the ACCME system and associated with *AMA PRA Category 1 Credit*<sup>™</sup> must be developed and presented in compliance with all ACCME accreditation requirements - in addition to all the requirements of the AMA PRA program. All activities so designated for, or awarded, credit will be subject to review by the ACCME accreditation process as verification of fulfillment of the ACCME accreditation requirements.

## *CME CONTENT: DEFINITION AND EXAMPLES*

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.

## *CME PROGRAM BUSINESS AND MANAGEMENT PROCEDURES*

The accredited provider must operate the business and management policies and procedures of its CME program (as they relate to human resources, financial affairs, and legal obligations), so that its obligations and commitments are met.

## *CONTENT VALIDITY OF ENDURING MATERIALS*

Providers that produce enduring materials must review each enduring material at least once every three years or more frequently if indicated by new scientific developments. So, while providers can review and re-release an enduring material every three years (or more frequently), the enduring material cannot be offered as an accredited activity for more than three years without some review on the part of the provider to ensure that the content is still up-to-date and accurate. That review date must be included on the enduring material, along with the original release date and a termination date.

## *ENGLISH AS OFFICIAL LANGUAGE OF THE ACCME*

ACCME conducts its affairs in English. ACCME standards do not require that providers or accreditors conduct all their business or continuing medical education in English. However, ACCME does require that,

1. All written or electronic communications or correspondence with ACCME (irrespective of medium) is in English.

2. Any application and/or self-study reports for accreditation or recognition be submitted to ACCME in English.
3. ACCME is provided with English translations of any written materials requested by ACCME in the course of its accreditation, recognition, or monitoring process.
4. Any ACCME interview for accreditation or recognition be conducted in English, or have the services of an English translator, acceptable to ACCME, provided and paid for by the applicant organization.

### *FEES FOR ACCME-ACCREDITED PROVIDERS*

ACCME-accredited providers are accountable for timely submission of fees that are required either to attain or maintain accreditation. Failure to meet ACCME deadlines could result in an immediate change of status to Probation, and subsequent consideration by the Board of Directors for a change of status to Nonaccreditation. For a list of current fees and related information, see the [ACCME-accredited provider feeschedule](#).

### *HIPAA COMPLIANCE ATTESTATION*

Every provider applying for either for initial accreditation or reaccreditation must attest to the following:

*“The materials we submit for reaccreditation (self-study report, activity files, other materials) will not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA), as amended.”*

### *RELEASE OF ACCME AND ITS VOLUNTEERS, CHOICE OF FORUM, AND UNETHICAL BEHAVIOR*

The Accreditation Council for Continuing Medical Education (“ACCME”) accredits organizations that offer continuing medical education. ACCME offers accreditation through a multilevel process (“Process”) to certify continuing medical education providers. Throughout the Process, various individuals, including, without limitation, ACCME’s past and present directors, officers, employees, agents, volunteers, surveyors, content reviewers, attorneys, assigns, successors and insurers (collectively “Participants”), help inform ACCME’s decision-making process. ACCME and the Participants (collectively “Released Parties”) then use information gathered through the Process to make an accrediting decision.

Each organization which seeks accreditation from the ACCME or which is accredited by ACCME shall be referred to as a “Provider.”

In consideration of the willingness of ACCME to: (a) process the application of a Provider which seeks accreditation; or (b) engage in the process of re-accreditation or provide any other services to a Provider who is accredited by ACCME, each Provider, agrees on behalf of itself and its shareholders, members, owners, directors, officers, employees, agents, volunteers, successors, assigns and anyone else who may claim on Provider’s behalf or through Provider (collectively the “Releasing Parties”) as follows:

1. Release and Waiver Releasing Parties knowingly and voluntarily: waive and generally release the Released Parties from any and all claims or causes of action arising out of the Process which the Releasing Parties may have at any time, now or in the future against any Released Party. This waiver and release includes, but is not limited to:

- any and all claims, actions, causes of action or liabilities asserting that any of the Released Parties has violated the policies and procedures of the ACCME, any covenant of good faith and fair dealing, or any express or implied contract of any kind;
- any and all claims, actions, causes of action or liabilities asserting that any of the Released Parties has violated public policy or statutory or common law, including claims for personal injury, invasion of privacy, defamation, intentional or negligent infliction of emotional distress and/or mental anguish, intentional interference with contract, negligence, detrimental reliance, failure to provide due process and/or promissory estoppel;
- any and all claims, actions, causes of action or liabilities asserting that any of the Released Parties are in any way obligated for any reason to pay Releasing Parties damages, expenses, litigation costs (including attorneys' fees), compensatory damages, punitive damages, and/or interest; and
- all claims of discrimination or retaliation based on such things as age, national origin, ancestry, race, religion, sex, sexual orientation, physical or mental disability or medical condition, and any purported membership or exercise of legally protected rights.

The Releasing Parties' waiver and release includes all claims, rights and causes of action that Releasing Parties have or may have under all contract, common law, federal, state and local statutes, ordinances, rules, regulations and orders. All of the items described in this paragraph and the preceding paragraph shall be referred to as the "Released Claims."

2. Covenant not to Sue and Indemnification In addition, the Releasing Parties, knowingly, intentionally and voluntarily: promise not to sue the Released Parties with respect to any Released Claims; and agrees to defend, indemnify and hold harmless the Released Parties from and against any and all losses, costs, claims, demands, causes of action, injury, damage, and liability whatsoever (including, but not limited to, court costs and attorneys' fees), whether presently known or unknown, with respect to any claim and/or litigation made or brought by the Releasing Parties with respect to the Released Claims. If any claim and/or litigation is made or brought by a Releasing Party against a Released Party with respect to a Released Claim, the Releasing Parties' obligation to provide a defense for such a claim and/or litigation shall be fulfilled by the Releasing Parties paying the attorney's fees of the Released Parties incurred in connection with such claim and/or litigation. The Releasing Parties expressly waive the benefits of any statutory provision or common law rule that provides that a release and waiver of liability does not extend to causes of action of which the Releasing Parties are unaware.
3. Governing Law; Choice of Forum All disputes and litigation between a Releasing Party and a Released Party shall be governed by the laws of the State of Illinois, without regard to its conflicts of laws principles. Any disputes and matters arising between a Releasing Party and a Released Party shall be litigated exclusively before a court located in Cook County, Illinois (or the Federal District for the Northern District of Illinois), and no Releasing Party shall bring any litigation related to a Released Party in any other forum. Each Releasing Party waives any argument that the forum designated by this paragraph is not convenient.
4. Unethical Behavior No Provider shall engage in: disparagement of any of ACCME, ACCME's past and present directors, officers, employees, agents, volunteers, surveyors, content reviewers, attorneys, assigns, successors and insurers; unethical behavior, including, without limitation, dishonest communications or conduct; or deceptive or misleading advertising. Failure to comply with the standard set forth in this paragraph shall be grounds for corrective action, including, without limitation, reduction or loss of a Provider's accreditation.

## JOINT PROVIDERSHIP

The ACCME defines joint providership as the providership of a CME activity by one accredited and one nonaccredited organization. Therefore, ACCME accredited providers that plan and present one or more activities with non-ACCME accredited providers are engaging in joint providership. Please note: the ACCME does not intend to imply that a joint providership relationship is an actual legal partnership. Therefore, the ACCME does not include the words partnership or partners in its definition of joint providership or description of joint providership requirements.

The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a nonaccredited organization and must use the appropriate accreditation statement.

### *INFORMING LEARNERS*

The accredited provider must inform the learner of the joint providership relationship through the use of the appropriate [accreditation statement](#). All printed materials for jointly provided activities must carry the appropriate accreditation statement.

“This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of (name of accredited provider) and (name of nonaccredited provider). The (name of accredited provider) is accredited by the ACCME to provide continuing medical education for physicians.” — ACCME Accreditation Statement Policy

### *FEES*

The ACCME maintains no policy that requires or precludes accredited providers from charging a joint providership fee.

### *COMPLIANCE AND NONCOMPLIANCE ISSUES*

The ACCME expects *all* CME activities to be in compliance with the accreditation requirements. In cases of joint providership, it is the ACCME accredited provider’s responsibility to be able to demonstrate through written documentation this compliance to the ACCME. Materials submitted that demonstrate compliance may be from either the ACCME accredited provider’s files or those of the nonaccredited provider.

### *PROVIDERS ON PROBATION*

If a provider is placed on Probation, it may not jointly provide CME activities with nonaccredited providers, with the exception of those activities that were contracted prior to the Probation decision. A provider that is placed on Probation must inform the ACCME of all existing joint providership relationships and must notify its current contracted joint providers of its probationary status.

Providers that receive a decision of Probation in two consecutive accreditation terms are prohibited from jointly providing activities until they regain their accreditation status. If the provider is found to be working in joint providership while under this probation, the ACCME will immediately change the provider's status to Nonaccreditation