



Accreditation Criteria

Released in 2006, the Accreditation Criteria are based on a learner-centered, continuous improvement model of CME. The Accreditation Criteria call on accredited providers to offer educational activities that address physicians' real-world practice needs, whether their scope of practice is in clinical care, research, health care administration, or other areas of medicine. The Criteria state that CME programs should be designed to change either physicians' competence, by teaching them strategies for translating new knowledge into action, or physicians' performance (what they actually do in practice), or patient outcomes. Accredited providers must also evaluate their programs' effectiveness in achieving these goals.

This PDF includes the ACCME/FMA Accreditation Criteria and the ACCME Standards for Commercial Support: Standards to Ensure Independence in CME ActivitiesSM.

The Accreditation Criteria, which incorporate the updated 2004 Standards for Commercial Support: Standards to ensure Independence in CME ActivitiesSM, were created to position the CME enterprise as a strategic asset to the quality improvement and patient safety imperatives of the US health care system. They were designed to align with emerging continuing professional development systems such as the American Board of Medical Specialties Maintenance of Certification® (MOC) and the Federation of State Medical Boards Maintenance of Licensure (MOL) initiatives, and hospital accreditation requirements such as The Joint Commission standards.

The Accreditation Criteria are divided into three levels. To achieve **Provisional Accreditation**, a two-year term, providers must comply with Criteria (1, 2, 3, and 7–12). Providers seeking full **Accreditation** or reaccreditation for a four-year term must comply with Criteria (1–13). To achieve **Accreditation with Commendation**, a six-year term, providers must comply with all Criteria.

(NOTE: Accredited providers may seek a change in status from Accreditation to Accreditation with Commendation after receiving a noncompliant finding in C16-22 or an FMA policy. To be eligible for a change in status, a provider must have been found compliant with Accreditation Criteria 1 – 13, and must have no more than one noncompliant finding for Criteria 16 – 22 or an FMA policy. If the provider submits a Progress Report that is accepted, the provider is eligible for a change in status to Accreditation with Commendation. These requirements apply to accreditation decisions made on or after November 2010).

The 2006 Accreditation Criteria are built upon two earlier sets of accreditation guidelines: the Seven Essentials, established in 1982, and the Essential Areas and Their Elements, or System98, released in 1998.



Criteria

1.	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.
2.	The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.
3.	The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.
4.	This criterion has been eliminated effective February 2014.
5.	The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.
6.	The provider develops activities/educational interventions in the context of desirable physician attributes [eg, Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) Competencies].
7.	The provider develops activities/educational interventions independent of commercial interests. (SCS 1, 2, and 6).
8.	The provider appropriately manages commercial support (if applicable, SCS 3 of the ACCME Standards for Commercial Support SM).
9.	The provider maintains a separation of promotion from education (SCS 4).
10.	The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).
11.	The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.
12.	The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.
13.	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.
14.	This criterion has been eliminated effective February 2014.
15.	This criterion has been eliminated effective February 2014.
Accreditation with Commendation - Option A (Only available to providers applying before November 2019	
16.	The provider operates in a manner that integrates CME into the process for improving professional practice.
17.	The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).
18.	The provider identifies factors outside the provider's control that impact on patient outcomes.
19.	The provider implements educational strategies to remove, overcome or address barriers to physician change.
20.	The provider builds bridges with other stakeholders through collaboration and cooperation.
21.	The provider participates within an institutional or system framework for quality improvement.
22.	The provider is positioned to influence the scope and content of activities/educational interventions.





Overview - Option B (will be the only option after November 2019)

Menu of New Criteria for Accreditation with Commendation

Options, Not Requirements

As with the existing commendation criteria 16-22, compliance with the menu of new commendation criteria is optional for CME providers and is not required to achieve Accreditation. Providers will continue to achieve and retain Accreditation by demonstrating compliance with Accreditation Criteria 1-13.

For All Eligible FMA Accredited Providers

The new commendation criteria can be used by any FMA-accredited provider eligible to apply for Accreditation with Commendation.

The New Criteria

There are 16 new commendation criteria, divided into five categories:

- ◆ Promotes Team-based Education
- ◆ Addresses Public Health Priorities
- ◆ Enhances Skills
- ◆ Demonstrates Educational Leadership
- ◆ Achieves Outcomes

The Menu Approach: 7+1

To be eligible for Accreditation with Commendation using this new menu, CME providers will 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.

Supporting Information

Each criterion is accompanied by supporting information designed to assist CME providers in understanding and meeting the FMA's expectations:

- ◆ The rationale for the criterion's inclusion
- ◆ The critical elements required to demonstrate compliance
- ◆ The standard for measuring compliance



As you'll see in the standards column, there are different measurements for different criteria. Some of the criteria are activity-based and some are program based. For some of the criteria, we have established a sliding scale, designed to accommodate CME programs of different sizes. (See the note at the bottom of each page of the criteria for the sliding scale.) The standards describe the following ways providers will be expected to demonstrate compliance:

- ◆ **Attestations:** Providers will need to attest to meeting the criterion in 10% of activities during the accreditation term—this percentage is the same for all providers. We will provide a simple mechanism for attestation during the accreditation process.
- ◆ **Submitting evidence at review:** Providers will need to submit evidence to show how they met the criterion. The number of activities for which you will submit evidence is based on the number of activities reported during the accreditation term. It may be possible to meet multiple criteria with one activity.
- ◆ **Examples and descriptions:** For the program-based criteria, the standards state that providers will need to demonstrate compliance with examples or descriptions. This will involve submitting brief explanations as part of the self-study report.

Outline for the Self-Study Report: We will provide specific guidance for all of the new criteria in a revision to the outline for the self-study report to be published later this fall.

Transition Phase

There will be a transition phase during which accredited providers that choose to seek Accreditation with Commendation can demonstrate compliance with either Option A: Commendation Criteria (C16-22) or Option B: Menu of New Criteria for Accreditation with Commendation (C23-C38). Providers need to select one option and cannot combine criteria from the two different options.

The transition phase will serve two purposes: It will ensure that CME providers that have been working to achieve or sustain commendation under the current criteria will continue to have that opportunity; and it will give providers time to prepare to meet the expectations of the new criteria.

Timeline: Providers that will receive accreditation decisions between **November 2017 and November 2019** will have the choice of using either Option A: Commendation Criteria (C16-C22) or Option B: Menu of New Commendation Criteria (C23-C38) to seek Accreditation with Commendation. Providers that will receive accreditation decisions **after November 2019** must use Option B to seek Accreditation with Commendation.

Providers that would like to use Option B, but will only be able to demonstrate compliance for part of their accreditation term, may apply, but they will still need to fulfill the compliance standards outlined in the criteria.

Menu of New Criteria for Accreditation with Commendation

Criterion	Rationale	Critical Elements	The Standard
Promotes Team-Based Education			
C23	Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE).	Interprofessional continuing education (IPCE) occurs when members from two or more professions learn with, from, and about each other to enable effective interprofessional collaborative practice and improve health outcomes. This criterion recognizes accredited providers that work collaboratively with multiple health professions to develop IPCE.	<input type="checkbox"/> Includes planners from more than one profession (representative of the target audience) AND <input type="checkbox"/> Includes faculty from more than one profession (representative of the target audience) AND <input type="checkbox"/> Activities are designed to change competence and/or performance of the healthcare team.
C24	Patient/public representatives are engaged in the planning and delivery of CME.	Accredited continuing medical education (CME) is enhanced when it incorporates the interests of the people who are served by the healthcare system. This can be achieved when patients and/or public representatives are engaged in the planning and delivery of CME. This criterion recognizes providers that incorporate patient and/or public representatives as planners and faculty in the accredited program.	<input type="checkbox"/> Includes planners who are patients and/or public representatives AND <input type="checkbox"/> Includes faculty who are patients and/or public representatives
C25	Students of the health professions are engaged in the planning and delivery of CME.	This criterion recognizes providers for building bridges across the healthcare education continuum and for creating an environment that encourages students of the health professions and practicing healthcare professionals to work together to fulfill their commitment to lifelong learning. For the purpose of this criterion, students refers to students of any of the health professions, across the continuum of healthcare education, including professional schools and graduate education.	<input type="checkbox"/> Includes planners who are students of the health professions AND <input type="checkbox"/> Includes faculty who are students of the health professions

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

Criterion	Rationale	Critical Elements	The Standard	
Addresses Public Health Priorities				
C26	The provider advances the use of health and practice data for healthcare improvement.	The collection, analysis, and synthesis of health and practice data/information derived from the care of patients can contribute to patient safety, practice improvement, and quality improvement. Health and practice data can be gleaned from a variety of sources; some examples include electronic health records, public health records, prescribing datasets, and registries. This criterion will recognize providers that use these data to teach about health informatics and improving the quality and safety of care.	<input type="checkbox"/> Teaches about collection, analysis, or synthesis of health/practice data AND <input type="checkbox"/> Uses health/practice data to teach about healthcare improvement	Demonstrate the incorporation of health and practice data into the provider's educational program with examples from this number of activities:* S: 2; M: 4; L: 6; XL: 8
C27	The provider addresses factors beyond clinical care that affect the health of populations.	This criterion recognizes providers for expanding their CME programs beyond clinical care education to address factors affecting the health of populations. Some examples of these factors include health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population's physical environment.	<input type="checkbox"/> Teaches strategies that learners can use to achieve improvements in population health	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8
C28	The provider collaborates with other organizations to more effectively address population health issues.	Collaboration among people and organizations builds stronger, more empowered systems. This criterion recognizes providers that apply this principle by building collaborations with other organizations that enhance the effectiveness of the CME program in addressing community/population health issues.	<input type="checkbox"/> Creates or continues collaborations with one or more healthcare or community organization(s) AND <input type="checkbox"/> Demonstrates that the collaborations augment the provider's ability to address population health issues	Demonstrate the presence of collaborations that are aimed at improving population health with four examples from the accreditation term.
Enhances Skills				
C29	The provider designs CME to optimize communication skills of learners.	Communication skills are essential for professional practice. Communication skills include verbal, nonverbal, listening, and writing skills. Some examples are communications with patients, families, and teams; and presentation, leadership, teaching, and organizational skills. This criterion recognizes providers that help learners become more self-aware of their communication skills and offer CME to improve those skills.	<input type="checkbox"/> Provides CME to improve communication skills AND <input type="checkbox"/> Includes an evaluation of observed (e.g., in person or video) communication skills AND <input type="checkbox"/> Provides formative feedback to the learner about communication skills	At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8

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Criterion		Rationale	Critical Elements	The Standard
Enhances Skills				
C30	The provider designs CME to optimize technical and procedural skills of learners.	Technical and procedural skills are essential to many aspects of professional practice, and need to be learned, updated, reinforced, and reassessed. Some examples of these skills are operative skill, device use, procedures, physical examination, specimen preparation, resuscitation, and critical incident management. This criterion recognizes providers that offer CME to help learners gain, retain, or improve technical and/or procedural skills.	<input type="checkbox"/> Provides CME addressing technical and or/procedural skills AND <input type="checkbox"/> Includes an evaluation of observed (e.g., in person or video) technical or procedural skill AND <input type="checkbox"/> Provides formative feedback to the learner about technical or procedural skill	At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8
C31	The provider creates individualized learning plans for learners.	This criterion recognizes providers that develop individualized educational planning for the learner; customize an existing curriculum for the learner; track learners through a curriculum; or work with learners to create a self-directed learning plan where the learner assesses their own gaps and selects content to address those gaps. The personalized education needs to be designed to close the individual's professional practice gaps over time.	<input type="checkbox"/> Tracks the learner's repeated engagement with a longitudinal curriculum/plan over weeks or months AND <input type="checkbox"/> Provides individualized feedback to the learner to close practice gaps	At review, submit evidence of repeated engagement and feedback for this many learners:* S: 25; M: 75; L: 125; XL: 200
C32	The provider utilizes support strategies to enhance change as an adjunct to its CME.	This criterion recognizes providers that create, customize, or make available supplemental services (e.g., reminders) and/or resources (e.g., online instructional material, apps) that are designed to reinforce or sustain change.	<input type="checkbox"/> Utilizes support strategies to enhance change as an adjunct to CME activities AND <input type="checkbox"/> Conducts a periodic analysis to determine the effectiveness of the support strategies, and plans improvements	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.* At review, submit evidence for this many activities: S: 2; M: 4; L: 6; XL: 8
Demonstrates Educational Leadership				
C33	The provider engages in CME research and scholarship.	Engagement by CME providers in the scholarly pursuit of research related to the effectiveness of and best practices in CME supports the success of the CME enterprise. Participation in research includes developing and supporting innovative approaches, studying them, and disseminating the findings.	<input type="checkbox"/> Conducts scholarly pursuit relevant to CME AND <input type="checkbox"/> Submits, presents, or publishes a poster, abstract, or manuscript to or in a peer-reviewed forum	<input type="checkbox"/> At review, submit description of at least two projects completed during the accreditation term and the dissemination method used for each.

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Criterion	Rationale	Critical Elements	The Standard
Demonstrates Educational Leadership			
C34	The provider supports the continuous professional development of its CME team.	The participation of CME professionals in their own continuing professional development (CPD) supports improvements in their CME programs and advances the CME profession. This criterion recognizes providers that enable their CME team to participate in CPD in domains relevant to the CME enterprise. The CME team are those individuals regularly involved in the planning and development of CME activities, as determined by the provider.	<input type="checkbox"/> Creates a CME-related continuous professional development plan for all members of its CME team AND <input type="checkbox"/> Learning plan is based on needs assessment of the team AND <input type="checkbox"/> Learning plan includes some activities external to the provider AND <input type="checkbox"/> Dedicates time and resources for the CME team to engage in the plan
C35	The provider demonstrates creativity and innovation in the evolution of its CME program.	This criterion recognizes CME providers that meet the evolving needs of their learners by implementing innovations in their CME program in areas such as education approaches, design, assessment, or use of technology.	<input type="checkbox"/> Implements an innovation that is new for the CME program AND <input type="checkbox"/> The innovation contributes to the provider's ability to meet its mission.
Achieves Outcomes			
C36	The provider demonstrates improvement in the performance of learners.	Research has shown that accredited CME can be an effective tool for improving individuals' and groups' performance in practice. This criterion recognizes providers that can demonstrate the impact of their CME program on the performance of individual learners or groups.	<input type="checkbox"/> Measures performance changes of learners AND <input type="checkbox"/> Demonstrates improvements in the performance of learners
C37	The provider demonstrates healthcare quality improvement.	CME has an essential role in healthcare quality improvement. This criterion recognizes providers that demonstrate that their CME program contributes to improvements in processes of care or system performance.	<input type="checkbox"/> Collaborates in the process of healthcare quality improvement AND <input type="checkbox"/> Demonstrates improvement in healthcare quality
C38	The provider demonstrates the impact of the CME program on patients or their communities.	Our shared goal is to improve the health of patients and their families. This criterion recognizes providers that demonstrate that the CME program contributed to improvements in health-related outcomes for patients or their communities.	<input type="checkbox"/> Collaborates in the process of improving patient or community health AND <input type="checkbox"/> Demonstrates improvement in patient or community outcomes

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



Accreditation Council for Continuing Medical Education

Standards for Commercial Support:

Standards to Ensure the Independence of CME ActivitiesSM



Adopted by the Florida Medical Association

ACCME

The ACCME Standards for Commercial Support: Standards to Ensure Independence in CME ActivitiesSM

STANDARD 1: Independence

1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (See www.accme.org for a definition of a "commercial interest" and some exemptions.)

- (a) Identification of CME needs;
- (b) Determination of educational objectives;
- (c) Selection and presentation of content;
- (d) Selection of all persons and organizations that will be in a position to control the content of the CME;
- (e) Selection of educational methods;
- (f) Evaluation of the activity.

1.2 A commercial interest cannot take the role of non-accredited partner in a joint provider relationship.⌘

STANDARD 2: Resolution of Personal Conflicts of Interest

2.1 The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines "'relevant' financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

2.2 An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

2.3 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.⌘

STANDARD 3: Appropriate Use of Commercial Support

3.1 The provider must make all decisions regarding the disposition and disbursement of commercial support.

3.2 A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

3.3 All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

Written agreement documenting terms of support

3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support

is given directly to the provider's educational partner or a joint provider.

3.5 The written agreement must specify the commercial interest that is the source of commercial support.

3.6 Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

Expenditures for an individual providing CME

3.7 The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.

3.8 The provider, the joint provider, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

3.9 No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved with the supported activity.

3.10 If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for learners

3.11 Social events or meals at CME activities cannot compete with or take precedence over the educational events.

3.12 The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint provider or educational partner.

Accountability

3.13 The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support. ⌘

STANDARD 4: Appropriate Management of Associated Commercial Promotion

4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring

(printed or electronic advertisements) promotional activities must be kept separate from CME.

- For **print**, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face **and** are not paid for by the commercial supporters of the CME activity.
- For **computer based**, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content. *(Supplemented February 2014; the information in blue previously appeared in ACCME policies. No changes have been made to the language.)* Also, ACCME-accredited providers may not place their CME activities on a Web site owned or controlled by a commercial interest. With clear notification that the learner is leaving the educational Web site, links from the Web site of an ACCME accredited provider to pharmaceutical and device manufacturers' product Web sites 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. 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. For computer based CME activities, advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleaved between computer windows or screens of the CME content.
- For **audio and video recording**, advertisements and promotional materials will not be included within the CME. There will be no 'commercial breaks.'
- For **live, face-to-face CME**, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.
- *(Supplemented February 2014; the information in blue previously appeared in ACCME policies. No changes have been made to the language.)* For **Journal-based CME**, None of the elements of journal-based CME can contain any advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

4.3 Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any

advertising, corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

4.4 Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.

4.5 A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities. ⌘

STANDARD 5: Content and Format without Commercial Bias

5.1 The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company. ⌘

STANDARD 6: Disclosures Relevant to Potential Commercial Bias

Relevant financial relationships of those with control over CME content

6.1 An individual must disclose to learners any relevant financial relationship(s), to include the following information:

- The name of the individual;
- The name of the commercial interest(s);
- The nature of the relationship the person has with each commercial interest.

6.2 For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

Commercial support for the CME activity

6.3 The source of all support from commercial interests must be disclosed to learners. When commercial support is 'in-kind' the nature of the support must be disclosed to learners.

6.4 'Disclosure' must never include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

Timing of disclosure

6.5 A provider must disclose the above information to learners prior to the beginning of the educational activity. ⌘