



ACCME'S NEW RECOGNITION REQUIREMENTS MARKERS OF EQUIVALENCY

1: EQUIVALENCY OF RULES

The Recognized Accreditor must:

1. Use the [ACCME's Accreditation Requirements](#) that are applicable at the time ("accreditation requirements") as the basis for each accreditation decision.
2. Incorporate all the [formats of CME activities](#) into the accreditation review process consistent with national standards established by the ACCME.

2: EQUIVALENCY OF PROCESS

Regarding the development of accreditation decisions, the Recognized Accreditor must,

1. Implement a mechanism to communicate to its accredited providers and perspective applicants all applicable "accreditation requirements" and processes.
2. Implement an accreditation process that requires providers to describe and verify compliance in all applicable "accreditation requirements".
3. Implement an accreditation process that makes accreditation decisions using data and information,
 - a. descriptive of compliance in each applicable "accreditation requirement".
 - b. from a provider's self study report **and** a provider's performance in practice **and** an interview with representatives of the provider.
 - c. from all the types of CME activities offered by the provider.
 - d. from all years of a provider's term of accreditation.
4. Utilize its accreditation decision-making body to verify and adopt accreditation findings and outcomes before communicating findings and outcomes to the provider.
5. Report to the Provider in writing the Provider's compliance or non compliance,
 - a. with each applicable "accreditation requirement".
 - b. of an accreditation decision being made that is consistent with [national standards established by the ACCME*](#).

2: EQUIVALENCY OF PROCESS (cont.)

Regarding the operations of an accreditation system the Recognized Accreditor must,

6. Implement procedures to resolve conflicts of interest within the accreditation decision making process consistent with [national standards established by the ACCME*](#).
7. Maintain accurate accreditation records that are updated in a timely fashion by,
 - a. making an accreditation decision or granting an extension before a provider's term expires. If an extension is granted the extension must be consistent with [national standards established by the ACCME*](#).
 - b. making all accreditation decisions by conducting a provider's survey interview consistent with [national standards established by the ACCME*](#).
 - c. updating the provider's accreditation information through the ACCME Online System consistent with [national standards established by the ACCME*](#).
8. Communicate in writing to the provider and the ACCME the new accreditation expiration date when an extension was granted.
9. Implement mechanism(s) to collect, store, and retrieve the following documents and information used in administering the accreditation process for each provider (Documents and information that must be maintained for each provider should be retained by the accreditor for its current term of ACCME Recognition).
 - a. Completed self study report/application from the provider that the accreditor reviewed in the process for making the most recent accreditation decision on the provider.
 - b. One complete activity file that was reviewed in the process for making the most recent accreditation decision on the provider.
 - c. All completed surveyor forms (e.g., surveyor report form, documentation review forms, activity review forms, etc) used in the process for making the most recent accreditation on the provider.
 - d. Correspondence between the accrediting body and the provider during the accreditation process (from notification to decision) and throughout the provider's term of accreditation.
 - e. Written actions taken by the accreditation body which outline the term and status awarded to the provider.
 - f. Follow-up reports (e.g., progress reports) generated by the CME provider, if required.
10. Ensure that Annual Report data from each accredited provider, consistent with national standards established by the ACCME, is submitted via the national reporting system in keeping with [ACCME-designated expectations and deadlines*](#).
11. Have, and use when necessary, written policy and procedure on Reconsideration and Appeals on adverse accreditation decisions

12. Have, and use when necessary, written policy and procedure on Complaints and Inquiries on its accredited providers.

3: EQUIVALENCY OF INTERPRETATION

The Recognized Accreditor must:

1. Must base its compliance findings and decisions solely on the integration of data collected from the three sources during the accreditation process.
2. Develop compliance findings for each accreditation requirement that are,
 - a. Supported by data and information from 3 sources
 - b. [Consistent with national standards established by the ACCME*](#) **and**,
 - c. Appropriate to the performance of the provider.

4: EQUIVALENCY OF OUTCOMES

The Recognized Accreditor must:

1. Translate accreditation findings into accreditation outcomes (accreditation term; accreditation status, progress reports) that are
 - a. Appropriate for the accreditation findings and
 - b. Consistent with [national standards established by the ACCME*](#).
2. Require the demonstration of improved performance (a Progress Report) for each finding of NON COMPLIANCE within a timeframe, consistent with [national standards established by the ACCME*](#).
3. Require that a Progress Report contain both a review of a provider's performance in practice and descriptions of procedures and practices, in order to determine if the provider has improved.
4. Hold a provider accountable, through second Progress Reports or a change in accreditation status (Probation or Non Accreditation), when a provider fails to demonstrate improved performance within a timeframe and in a manner, [consistent with national standards established by the ACCME*](#).

5: EQUIVALENCY OF EVOLUTION/PROCESS IMPROVEMENT

The Recognized Accreditor must:

1. Integrate new accreditation requirements and new national standards established by the ACCME into its accreditation processes and/or the CME programs of its providers.
2. Provide access to training for accreditation staff, surveyors and decision makers to ensure that these individuals attain and maintain adequate knowledge and competence in the accreditation of CME providers in a manner that supports equivalency in the national accreditation system.



ACCME Definitions and Policies that Support the New Recognition Requirements

Recognition Criterion	Link to current ACCME policy/practice
<p>1.1 Use the ACCME's Accreditation Requirements that are applicable at the time ("accreditation requirements") as the basis for each accreditation decision.</p>	<p>ACCME's Essential Areas, Elements, Updated Accreditation Criteria and Policies (including 2004 Standards for Commercial Support) as noted on website: http://accme.org</p> <p>ACCME's Essential Areas, Elements, and Criteria</p> <p>ACCME Policies</p>
<p>1.2 Incorporate all the formats of CME activities into the accreditation review process consistent with <u>national standards established by the ACCME</u>.</p>	<p>Formats of CME as articulated in Definitions of terms used on Annual Report</p>
<p>2.5b Report to the Provider in writing the Provider's compliance or non compliance...of an accreditation decision being made that is consistent with <u>national standards established by the ACCME</u>.</p>	<p>Accreditor must inform provider of accreditation decision within 4 weeks of decision</p>
<p>2.6 Implement procedures to resolve conflicts of interest within the accreditation decision making process consistent with <u>national standards established by the ACCME</u>.</p>	<p>Individuals with conflicts of interest must recuse themselves from the decision making process.</p>
<p>2.7 Maintain accurate accreditation records that are updated in a timely fashion by...</p> <p>a. ...making an accreditation decision or granting an extension before a provider's term expires. If an extension is granted the extension must be consistent with <u>national standards established by the ACCME</u>.</p>	<p>Extensions may not exceed 8 months.</p>
<p>b. ...making all accreditation decisions by conducting a provider's survey interview consistent with <u>national standards established by the ACCME</u>.</p>	<p>Accreditation decision must be made within 6 months of conducting a provider's survey interview.</p>
<p>c. ...updating the provider's accreditation information through the ACCME Online System consistent with <u>national standards established by the ACCME</u>.</p>	<p>Accreditor must update provider's accreditation information within 4 weeks of making an accreditation decision.</p>

<p>2.10 Ensure that Annual Report data from each accredited provider, consistent with <u>national standards established by the ACCME</u>, is submitted via the national reporting system in keeping with ACCME-designated expectations and deadlines.</p>	<p>Accreditors are required to facilitate the annual report data collection of its providers within the designated deadlines.</p> <p>Failure to meet ACCME administrative deadlines by providers or recognized entities could result in (a) an immediate change of status to Probation, and (b) a subsequent change of status to Nonaccreditation or Nonrecognition.</p>
<p>3.2b Develop compliance findings for each accreditation requirement that are...consistent with <u>national standards established by the ACCME</u>.</p>	<p>Accreditors must give an accreditation compliance finding of either "Compliance" or "Non-Compliance" for each criterion based on a provider's demonstrated performance, as noted in the ACCME's Decision Making Process on www.accme.org.</p> <p>Examples of practices in support of compliance findings:</p>
<p>4.1b Translate accreditation findings into accreditation outcomes (accreditation term; accreditation status, progress reports) that are...consistent with <u>national standards established by the ACCME</u>.</p>	<p>Accreditation Status and Terms must allow for: Accreditation with Commendation with 6 years; Accreditation; Provisional Accreditation; Probation with 2 year maximum.</p> <p>As articulated in ACCME's Decision Making Process</p>
<p>4.2 Require the demonstration of improved performance (a Progress Report) for each finding of NON COMPLIANCE within a timeframe, consistent with <u>national standards established by the ACCME</u>.</p>	<p>Providers seeking re-accreditation that receive Non-Compliance in one or more of the ACCME's Criteria including the Standards for Commercial Support will be required to submit a Progress Report.</p> <p><i>Applicants seeking provisional accreditation that receive one or more Non-Compliance findings in the ACCME's Criteria (Level 1) automatically receive a decision of Non-Accreditation.</i></p> <p>As articulated in ACCME's Decision Making Process</p> <p>The usual due date for a Progress Report is one year from the date of the original finding.</p>
<p>4.4 Hold a provider accountable, through second Progress Reports or a change in accreditation status (Probation or Non Accreditation), when a provider fails to demonstrate improved performance within a timeframe and in a manner, consistent with <u>national standards established by the ACCME</u>.</p>	<p>Progress reports rejected when performance doesn't meet criteria.</p> <p>Repeated failure to demonstrate compliance through progress reports = change in status.</p> <p>Providers on probation must demonstrate all NC findings converted to compliance within 2 years or status change to non-accreditation.</p> <p>As articulated in ACCME's Decision Making Process</p>