



September 2016

Dear CME Colleagues,

We're delighted to announce our Menu of New Criteria for Accreditation with Commendation—our mechanism for recognizing and celebrating organizations that excel as continuing medical education (CME) providers.

The newly evolved criteria reflect the values, principles, and aspirations that the community of educators shared with us over the past several years. The new criteria incorporate recommendations from a diverse range of stakeholders about how to advance CME's role in the changing health environment and leverage the power of education to improve healthcare.

### **Our Goal**

Our goal is to encourage and reward accredited CME providers for implementing best practices in pedagogy, engagement, evaluation, and change management, and for focusing on generating meaningful outcomes. The new commendation criteria are designed to serve as a guidepost for the future of CME. We want to recognize the terrific achievements of organizations that advance interprofessional collaborative practice, address public health priorities, create behavioral change, show leadership, leverage educational technology, and demonstrate the impact of education on healthcare professionals and patients.

### **Our Process**

The Menu of New Criteria for Accreditation with Commendation builds on the CME community's experience and success with our existing criteria for Accreditation with Commendation (C16-22), which were implemented in 2008. Currently, about 40% of accredited CME providers successfully achieve commendation status, demonstrating their capacity to become strategic partners in healthcare improvement initiatives.

In response to this growing capability, and as part of our strategic planning, we solicited wide input to identify the commendable practices that the ACCME System should recognize and value. CME providers asked to be recognized for achieving best practices in educational design, delivery, and impact. Many educational providers told us they are already implementing some of the practices that are now included in the new criteria. We listened to the community's

extensive feedback and this final version is based on much of the feedback that you've given us and is designed to be both achievable and meaningful.

The new criteria reflect many of the evolving and increased expectations of learners; pursuing these best practices is likely to help accredited educational providers to address and anticipate evolving learner needs now and in the years to come.

### **The Menu Approach and Criteria**

We adopted the menu approach to create flexibility, reflect the diversity of the CME community, and offer a pathway for all CME provider types to achieve Accreditation with Commendation. There are 16 criteria, divided into 5 categories. To be eligible for commendation, 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. We determined that one criterion from the outcomes category should be mandatory for achieving commendation because it's important that the CME community demonstrate the relevance, value, and impact of CME. In addition, assessing outcomes from CME will enable us, as a community, to identify more effective ways of delivering CME and contributing to healthcare improvement.

Each criterion is accompanied by a rationale, critical elements, and standards, to help you understand and meet our expectations. In this final version, the standards have been modified substantially to reflect your extensive feedback.

### **It's Optional**

As with the existing commendation criteria, compliance with the 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.

### **Implementation**

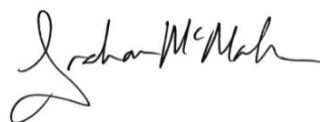
There will be a transition phase during which accredited providers that choose to aim to achieve Accreditation with Commendation will have the option of demonstrating compliance with all of the current criteria (C16-22) *or* the new commendation criteria menu (C23-C38). This phase will apply to providers that will receive accreditation decisions between November 2017 and November 2019.

We realize that choosing to achieve the new commendation criteria may mean changes to your work and your programs of CME. We encourage you to review the criteria with your staff, volunteers, and leadership. Discuss together how the criteria can support your strategic plan and which criteria are achievable and appropriate for your mission and your learners.

## Support

Remember that we are here to help. We plan to do everything we can to support the CME community's successful adoption of the new criteria and the evolution of your educational strategies to reflect best practices. In the overview on the following pages, there is more information about the menu structure, the implementation timeline, and the transition phase. In the coming months, we will deliver educational resources and training for our stakeholders including Recognized Accreditors, accredited CME providers, and volunteers. We hope that you will help us to help you by [sharing your questions and ideas](#) for tools and resources.

We appreciate the CME community's high level of participation in this process and look forward to working together to ensure our community's successful implementation of the new criteria to achieve our shared goal of advancing quality and achieving outcomes in post-graduate medical education.



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# **Menu of New Criteria for Accreditation with Commendation**

**Final Version: Adopted by the ACCME July 2016**

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**Published September 2016**

## Overview

### 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 ACCME-Accredited and State-Accredited Providers

The new commendation criteria can be used by any ACCME-accredited and state-accredited providers that are eligible to apply for Accreditation with Commendation. There is no change to requirements for [Joint Accreditation for Interprofessional Continuing Education™](#).

#### 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 ACCME'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.

**State-accredited providers:** Please check with your Recognized Accreditor for more information about the timeline for your state.

## Education and Resources

In the coming months, we will deliver educational resources and training for our stakeholders including Recognized Accreditors, accredited CME providers, and volunteers.

Here are the currently available resources and educational opportunities:

- [Introduction to the Menu of New Criteria for Accreditation with Commendation](#): Video commentary with Graham McMahon, MD, MMSc, President and CEO, ACCME
- [Ask ACCME about the Menu of New Criteria for Accreditation with Commendation](#)
- [Introductory Webinar — Menu of New Criteria for Accreditation with Commendation](#): October 13 from 10:30 am-11:30 am Central
- [ACCME 2017 Meeting](#): April 24–27, 2017 in Chicago; includes sessions focused on the Menu of New Criteria for Accreditation with Commendation

We will communicate directly with Recognized Accreditors, surveyors, and other volunteers about training opportunities.

**Coming in 2017:** Examples of compliance and noncompliance; additional FAQs; self-assessment/planning tool; and more.

We'll keep you informed about new resources and educational opportunities via our [website](#) and [newsletter](#).

[Visit our Menu of New Criteria for Accreditation with Commendation webpage.](#)

[Sign up for our newsletter here.](#)

## Questions?

We welcome your questions and feedback. Please [contact us using this form](#) or email [info@accme.org](mailto:info@accme.org).



## Menu of New Criteria for Accreditation with Commendation

Criterion		Rationale	Critical Elements	The Standard
<b>Promotes Team-Based Education</b>				
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.	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
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	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
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	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

\*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
<b>Addresses Public Health Priorities</b>				
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.

\*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
<b>Enhances Skills</b>				
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
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

\*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
<b>Demonstrates Educational Leadership</b>				
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.
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	<input type="checkbox"/> At review, submit description showing that the plan has been implemented for the CME team during the accreditation term.
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.	<input type="checkbox"/> At review, submit descriptions of four examples during the accreditation term.

\*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
<b>Achieves Outcomes</b>				
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	<input type="checkbox"/> Demonstrate that in at least 10% of activities the majority of learners' performance improved.
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	<input type="checkbox"/> Demonstrate healthcare quality improvement related to the CME program at least twice during the accreditation term.
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	<input type="checkbox"/> Demonstrate improvement in patient or community health in areas related to the CME program at least twice during the accreditation term.

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