

ACCME NEW MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION

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Implementation

- ACCME-accredited providers receiving accreditation decisions between **November 2017 and November 2019** have the option to demonstrate compliance with:
 - **OPTION A:** Current Commendation Criteria (C16-C22) or
 - **OPTION B:** New Commendation Menu (C23-C38)
- All providers receiving accreditation decisions *after November 2019* must use *Option B (new commendation menu C23-C38)* to seek *Accreditation with Commendation*.

Overview



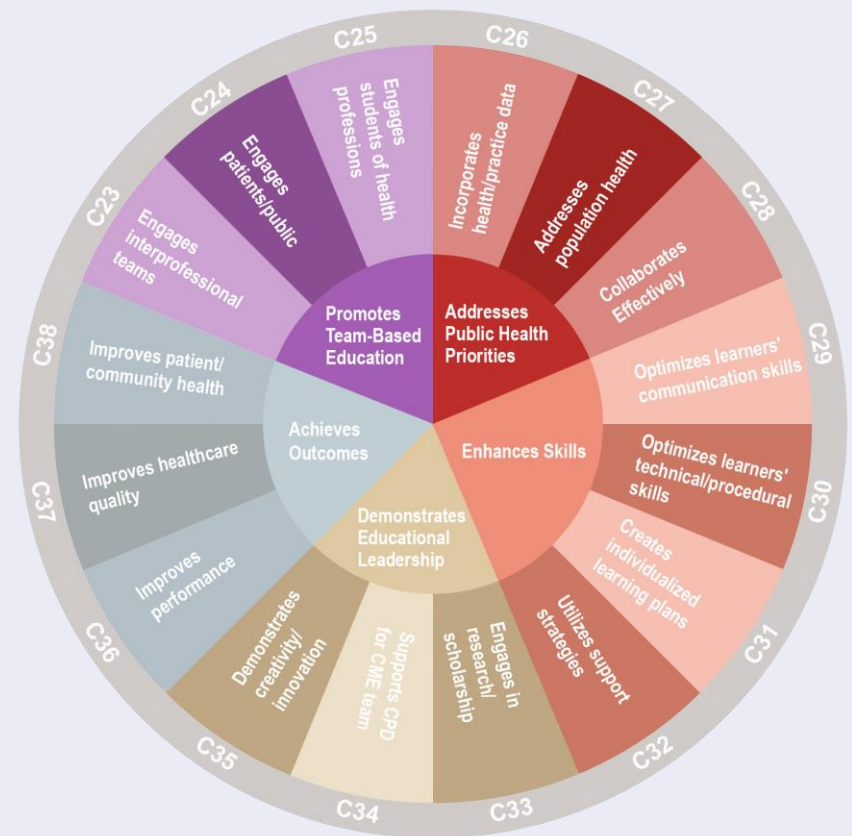
- Encourage and reward best practices in pedagogy, evaluation, change management and generating meaningful outcomes
- Community asked us to...
 - Recognize provider best practices
 - Create flexibility for different types of organizations
 - Balance rigor and attainability
- Commendation remains optional.

The Menu Approach



16 Criteria in five categories

- Choose 7 from any category
- Choose (at least) 1 from “Achieves Outcomes” category



Why require Outcomes?



There was widespread consensus that it is important to demonstrate the relevance, value and impact of CME.

Assessing outcomes will help the CME community identify more effective ways of delivering CME that contributes to healthcare improvement.

Pre-Conference Survey

Question #1

100%

The Menu of New Criteria for Accreditation with Commendation can be used by any ACCME-accredited and state-accredited providers that are eligible to apply for Accreditation with Commendation.

TRUE

Pre-Conference Survey

Question #2

62%

Compliance with the Menu of New Criteria for Accreditation with Commendation is required to achieve accreditation within the ACCME system.

FALSE

Pre-Conference Survey

Question #3

100%

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.

TRUE

Pre-Conference Survey

Question #4

76%

To achieve Accreditation with Commendation using the Menu of New Criteria, a provider must achieve compliance with a total of 8 criteria from any category, where at least 1 of 8 is from “Achieves Outcomes” category.

TRUE

Pre-Conference Survey

Question #5

57%

Providers pursuing Accreditation with Commendation using the Menu of New Criteria must achieve compliance with at least one criterion from each of the 5 menu categories.

FALSE

Pre-Conference Survey

Question #6

75%

For those criteria in the Menu of Commendation Criteria that require submission of evidence at review, there is a sliding scale for the evidence that must be submitted that is based on the number of activities the provider reports in PARS during its accreditation term.

TRUE

Pre-Conference Survey

Question #7

90%

Providers that will receive accreditation decisions before 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.

TRUE

Pre-Conference Survey

Question #8

70%

An organization can achieve Accreditation with Commendation using criteria from both the current Accreditation with Commendation Criteria (16-22) and the Menu of New Criteria for Accreditation with Commendation (C23-C38).

FALSE

Pre-Conference Survey

Question #9

100%

Providers that will receive accreditation decisions after November 2019 must use the Menu of New Criteria for Accreditation with Commendation (C23-C38) to seek Accreditation with Commendation.

TRUE

Pre-Conference Survey

Question #10

55%

The provider cannot use the same CME activity, or activities, to demonstrate compliance with the critical elements and standard(s) for multiple criteria from the Menu of New Criteria for Accreditation with Commendation.

FALSE

Pre-Conference Survey

Question #11

79%

A provider can address multiple criteria from one menu category to achieve Accreditation with Commendation using the Menu of New Criteria for Accreditation with Commendation.

TRUE

Pre-Conference Survey

Question #12

74%

A provider can only choose one criterion from the “Achieves Outcomes” category in the Menu when seeking Accreditation with Commendation.

FALSE

Supporting Documentation

Menu of New Criteria for Accreditation with Commendation

[ACCME.org > Requirements > New Commendation Criteria](#)

or

www.accme.org/commendation

www.accme.org/commendation



Determining Compliance

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.	<ul style="list-style-type: none"> <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

- **Rationale** for each criterion’s inclusion
- **Critical Elements** required to demonstrate compliance
- The **Standard** for measuring compliance



www.accme.org/commendation



Determining Compliance (cont)

- Activity-based vs program-based **standards**
- Sliding scale to accommodate CME programs of different sizes
- Approaches for demonstrating compliance include:
 - Attestations
 - Submitting evidence at review (*It may be possible to meet multiple Criteria with one CME activity.*)
 - Examples and descriptions

Members of inter-professional teams are engaged in the planning and delivery of interprofessional Continuing education (IPCE).

C23

Promotes Team-Based Education

www.accme.org/teambasededucation

Patient/public representatives are engaged in the planning and delivery of CME.

C24

Students of the health professions are engaged in the planning and delivery of CME.

C25



The provider’s Symposium on Violence was planned by a steering committee comprised of public health professionals, law enforcement personnel, social workers, case managers, and Emergency Department health professionals. The focus of the symposium was to share best practices to help community-based teams better coordinate and integrate services to address and prevent violence against women and children. Educational sessions were co-facilitated by peer leaders from several professional perspectives and addressed topics such as “Getting to Better Outcomes: How to Improve Event Reporting During ED Visits” and “Safe at Home: Essential Strategies to Coordinate Services After Leaving the ED.”

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.	<ul style="list-style-type: none"> <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



Due to the rise in awareness about sports concussions in recent years, a medical specialty society began holding an annual conference dedicated to prevention and treatment. The planning committee included experts in clinical neurology research, athletes who had experienced sports concussions, and coaches from all levels of competition from youth to professional athletes. During the conference, one of the professional athletes and several coaches participated in a panel sharing their first-hand experience about the lifelong effects of concussions on athletes' physical, mental, and emotional health.

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 the number of activities.* S: 2; M: 4; L: 6; XL: 8
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The provider developed a webinar for rural physicians to identify opportunities to use health clinics and community health workers to address low vaccination rates. The activity was planned by the clinicians who oversee area health clinics, including undergraduate medical and nursing students who work in the clinic. The clinicians and students were the presenters in the webinar, sharing information about the clinics' locations, services, and hours of operations. In addition, the students shared their "lessons learned" from their experiences working together with community health workers in the free clinics to address issues that include crisis prevention and intervention, preventative health promotion, and developing a community vaccine program.

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 the following number of activities: S: 2; M: 4; L: 6; XL: 8
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Addresses Public Health Priorities

www.accme.org/publichealthpriorities

The provider advances the use of health and practice data for healthcare improvement.

C26

The provider collaborates with other organizations to more effectively address population health issues.

C28

The provider addresses factors beyond clinical care that affect the health of populations.

C27



After recognizing that the rate of avoidable hospital readmissions was high, the accredited provider collaborated with colleagues in quality improvement to obtain data about unit-level use of best practices to optimize transitions of care. The provider delivered educational activities to help each unit team review and understand their data, and then helped the teams identify and implement steps that would improve medication reconciliation, patient education, discharge planning, and communications.

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.	<ul style="list-style-type: none"> <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 <p>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</p>

The Director of Nutrition Services recognized the barriers facing many patients who are referred for nutrition counseling. The patients had limited access to affordable fresh fruits and vegetables, were not well educated on how to make good choices at the grocery store, and had limited insight on healthy cooking. The CME department, along with nutrition services, the medical library, and a local community Seed-to-Feed program, collaborated to start three regular programs for clinicians and their patients to participate in together: tours of a local vegetable garden; grocery store tours with a nutritionist; and accessing databases, books, journals, and websites containing evidence-based resources and recipes.

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
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A provider with a strategic focus on prenatal care collaborated with the county health department. The health department shared data about community utilization of pre-natal care, and helped disseminate information about accessible clinic and resources for pregnant women into the community. The provider then deployed clinicians into the community areas of need to share information and support pregnant women, and reported utilization numbers back to the county health department.

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
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Enhances Skills

www.accme.org/enhanceskills

The provider designs CME to optimize communication skills of learners.

C29

The provider utilizes support strategies to enhance change as an adjunct to its CME.

C32

The provider designs CME to optimize technical and procedural skills of learners.

C30

The provider creates individualized learning plans for learners.

C31



The provider described how they planned a CME activity that was designed to improve patient communication scores for their organization. Results from a patient assessment of care experience the organization conducted internally, provided timely and specific feedback of the areas of focus for staff education. The subsequent training focused on learning which behaviors matter most to patients, developing improved clinical communication skills through role plays with peers and standardized patients, and coaching utilizing observation and feedback.

Criterion		Rationale	Critical Elements	The Standard
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

The provider offers a regularly scheduled series of Basic Life Support and Advanced Cardiovascular Life Support courses. Each course is a combination of online learning followed by an in-person skills practice and testing. The online session uses a variety of elearning formats such as dramatizations and self-directed learning. During the in-person training, participants complete the hands-on session with a voice-assisted manikin which provides real-time feedback on compression depth and frequency, as well as appropriate positioning of pads and use of the defibrillator.

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 the many activities:* S: 2; M: 4; L: 6; XL: 8
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A provider developed a mentoring/coaching program for physicians whose quality measures had not met organizational expectations. The provider and mentor developed a learning plan to improve performance over a six-month period. The physician met one-one-one with his/her mentor bi-weekly to work on agreed goals for performance improvement. Each month, the mentor/coach provided meaningful feedback and review of the quality measures and provided recommendations. The learner maintained a diary of their efforts and progress.

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
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A provider releases an online monthly newsletter to their healthcare clinicians that includes a summary of continuing education activities for that month, and reminders to consolidate the key learning points for each activity. The newsletter also includes links to resources that can be accessed for additional supporting information. The provider ran a quarterly report to analyze the open rate of the emailed newsletter and usage of the links to the supporting information. The provider demonstrated how they altered the design and content of the newsletter over time to boost utility and utilization

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.	<ul style="list-style-type: none"> ☐ Utilizes support strategies to enhance change as an adjunct to CME activities AND ☐ Conducts a periodic analysis to determine the effectiveness of the support strategies, and plans improvements 	<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 many activities:</p> <p>S: 2; M: 4; L: 6; XL: 8</p>
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The provider engages in CME research and scholarship.

C33

The provider supports the continuous professional development of its CME team.

C34

The provider demonstrates creativity and innovation in the evolution of its CME program.

C35

Demonstrates Educational Leadership

www.accme.org/educationalleadership

A recent survey of learners revealed that many appeared to prefer to engage in asynchronous learning (using recorded webinars) rather than live activities. One of the faculty from the provider's CME Committee began a research study to characterize the basis of these apparent changes in learning preference and describe how learning resources could be better deployed to meet their educational needs. The result of the study was submitted and accepted as a presentation at the annual conference for CME providers in the state.

Criterion	Rationale	Critical Elements	The Standard
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.	<ul style="list-style-type: none"> <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.

The CME team (CME staff and CME committee) completed a self-assessment on the Menu of Criteria for Accreditation with Commendation with the goal of seeking commendation at the provider's next review. A learning plan was developed and resources budgeted to send one CME staff and one committee member to a workshop to build the capacity and skills needed to help the organization reach its goal. Those that attended the workshop trained the remaining CME staff and committee.

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 the accreditation term.
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The provider sought to increase clinician participation in the CME unit. The provider launched a multi-faceted endeavor that included creating a community of educators that met together to support and learn from each other, a mentoring partnership between experienced and more junior educators, and new awards to recognize exemplary educational development and teaching in CME.

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.
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The provider
demonstrates
healthcare quality
improvement.

C37

The provider
demonstrates
improvement in the
performance of learners.

C36

The provider
demonstrates the impact
of the CME program on
patients or their
communities.

C38

Achieves Outcomes

www.accme.org/achievesoutcomes

The provider describes using records from in-hospital resuscitations to determine baseline performance for critical care teams in using an appropriate resuscitation sequence, then revisits the data over time to assess changes in performance following quarterly simulator training sessions. The provider shares evidence that the data showed that the measures improved over time for those code teams who participated in the simulator training activities.

Criterion	Rationale	Critical Elements	The Standard
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.	<ul style="list-style-type: none"> <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.

The provider's patient safety committee observes an increase in post-surgical infections and collaborates with hospital leadership, the CME department, nursing education, and operating room technicians to use its weekly surgical case conferences to facilitate training on using checklists to ensure adherence to best practices in post-surgical infection prevention. Following a 3-month education effort, the Chief of Nursing reports that use of the checklist has increased from 86% to 94%. The Manager of Quality reports that readmissions with infected surgical wounds may be declining.

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.
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A provider collaborates with the local health department to develop an annual Pediatric Environmental Health Symposium for physicians and a related Community Health Fair for the public. The health department has identified that children in the provider's service area had blood lead levels that are among the highest in the state. Working together, the provider and the health department planned a series of educational activities to improve (1) community awareness of lead exposure risks, (2) pediatricians' ability to teach lead prevention strategies, and symptom recognition and treatment strategies, and (3) to help obstetricians better recognize patients at risk for lead exposure during pregnancy. (Continued...)

The educational sessions for healthcare providers were followed up by a community health fair where physician participants (who completed the CME activities) educated parents, teachers, and foster caregivers on prevention of lead exposure, how to recognize the symptoms of lead poisoning, and how to get help. In the year following the CME initiative and community event, the health department reported a drop in the average blood lead levels for children in the community.

C38	The provider demonstrates the impact of the CME program on patients or their ...	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 ... related to the CME program at ... twice during the accreditation t...
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IMPLEMENTING COMMENDATION

Let's Talk Best-Practice



ACCME's Menu of Criteria for Accreditation with Commendation

Circle the criteria your program is likely already meeting.

Star the criteria that might be a stretch, but would be worth the effort

Who could you partner with to make this happen?

- 1.
- 2.

What might be your next steps....

- 1.
- 2.
- 3.

Mark it up! (5 mins)

- **+** I am currently doing this
- **★** I'd like to pursue this
- **✗** I don't think this is for me

Then, show and tell at your table. (10 mins)

www.accme.org/commendation



Educational Resources

Explanatory videos

Ask ACCME FAQs

Examples of Compliance

