## Proposal for a Menu of New Criteria for Accreditation with Commendation

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<th>Proposed Criteria</th>
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<td><strong>Inclusive Teaching and Learning</strong></td>
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<td>C23 Engages in interprofessional collaborative practice in the planning and delivery of IPCE.</td>
<td>Interprofessional collaborative practice is when multiple health workers from different professional backgrounds work together with patients, families, caregivers, and communities to deliver the highest quality of care. Interprofessional continuing education (IPCE) is when members from two or more professions learn with, from, and about each other to enable effective collaborative and improve health outcomes. This criterion will reward accredited providers that work collaboratively with multiple health professions to develop interprofessional continuing education.</td>
<td>† Includes planners from more than one profession (representative of the target audience) AND † Includes faculty from more than one profession (representative of the target audience) AND † Uses team-based evaluation</td>
<td>☐ ≥25% of activities and/or learners</td>
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<td>C24 Engages patient/public representatives in the planning and delivery of CME.</td>
<td>Accredited education needs to advance the interests of the people who are served by the healthcare system. It is important to involve patients and the public in the planning and delivery of CME. This criterion rewards providers that incorporate patient and public representatives as planners, teachers, and learners in the accredited program.</td>
<td>† Planners include patients and/or public representatives who are not healthcare professionals AND † Teachers/authors include patients and/or public representatives who are not healthcare professionals</td>
<td>☐ ≥25% of activities and/or learners</td>
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<tr>
<td>C25 Engages health professions’ students in the planning and delivery of CME.</td>
<td>CME is an integral part of the continuum of medical education and needs to continually evolve to support emerging generations of health professionals. Student engagement in planning and delivering activities will facilitate the development of CME that will meet their needs as future participants. The criterion rewards providers for building bridges across the education continuum and for creating an environment that encourages students and professionals to work together to fulfill their commitment to lifelong learning.</td>
<td>† Planners include health professions’ students AND † Teachers/authors include health professions’ students</td>
<td>☐ ≥25% of activities and/or learners</td>
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<td><strong>Addressing Public Health Priorities</strong></td>
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<td>C26 Provides CME about health informatics and the use of practice data.</td>
<td>The collection, analysis, and synthesis of information derived from the care of patients (i.e., health information) and the application of the lessons learned from these data contribute to healthcare improvement. This criterion will reward providers that teach about health informatics and teach learners how to apply the wisdom gained from practice data for practice and/or quality improvement.</td>
<td>☐ Develops and implements CME on health informatics or the use of practice data</td>
<td>☐ ≥10% of activities</td>
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<td>C27 Provides CME about implementation strategies to improve public health.</td>
<td>This criterion rewards providers for expanding their programs beyond clinical care education to address factors affecting the health of populations. To achieve compliance, the accredited program will teach learners how they can implement change in health behaviors, social and economic factors, and the public’s physical environment.</td>
<td>☐ Provides CME that directly addresses public health concerns AND ☐ Provides CME about strategies to achieve improvements in public health</td>
<td>☐ ≥10% of activities</td>
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## Critical Elements

**C28 Develops communication skills of learners.**
- Uses an objective assessment of communication skill AND
- Provides feedback to the clinician using the assessment
- ≥10% of learners and/or activities

**C29 Develops technical and procedural skills of learners.**
- Uses an objective assessment of technical or procedural skill AND
- Provides feedback to the clinician using the assessment
- ≥10% of learners and/or activities

**C30 Creates individualized learning plans for learners.**
- Assesses the learner repeatedly AND
- Provides individualized feedback to the learner AND
- Provides individualized recommendation to the learner for activities that close learning gaps
- ≥10% of learners and/or activities

**C31 Provides services and resources to generate and sustain long-term behavioral modification of learners.**
- Provides services and resources (e.g., reminders, repeat assessments) AND
- Demonstrates ongoing use of the system or resources
- ≥10% of learners and/or activities

**C32 Engages in CME research and scholarship.**
- Conducts research relevant to CME AND
- Produces data or information relevant to CME AND
- Publishes abstract or manuscript in a peer-reviewed journal
- Once for every year of term

**C33 Engages in continuous professional development as educators.**
- Includes participation by at least half of the CME team AND
- Participation occurs every year AND
- Topics are relevant to CME function
- ≥50% of the CME team in external activities annually

**C34 Creates collaborations with other organizations to more fully achieve healthcare goals.**
- Engages with other healthcare or community organization AND
- Collaborates in initiative about improving healthcare AND
- Generates meaningful and measurable collaboration
- ≥10% of activities

**C35 Demonstrates creativity or innovation in the development or delivery of CME.**
- Demonstrates use of an educational approach that was novel, creative, or innovative in the field of CME at the time it was launched
- Once for every year of term
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| **C36** Demonstrates the impact of the CME program on the performance of individual health professionals. | This criterion takes accredited CME beyond designing activities to change performance and measuring whether change occurred. This criterion will reward providers that can demonstrate the impact on the performance of individual learners. | - Measures performance of individual health professionals AND  
- Demonstrates the impact on the performance of individual health professionals AND  
- Connects impact on performance to the learning activity(ies) | - Demonstrated impact on performance for ≥10% of program’s learners OR  
- Measured impact on performance for ≥25% of program’s learners |
| **C37** Demonstrates the impact of the CME program on process improvement. | Changing processes of care is often a key step that enables improvements in patient outcomes and safety. This criterion rewards providers that can demonstrate the impact of the CME program on process and/or quality improvement. | - Measures processes of care AND  
- Demonstrates the impact on the process and/or quality improvement AND  
- Connects impact on process and/or quality improvement to the learning activity(ies) | - Demonstrated impact on process(es) or quality of care in >10% of activities OR  
- Measured impact on process(es) or quality of care in >25% of activities |
| **C38** Demonstrates the impact of the CME program on the health of patients/communities. | Our shared goal is to improve the health of our patients and communities. This criterion rewards providers who can demonstrate the impact of the CME program on improvements in the health of patients/communities. | - Measures patient/community health outcomes AND  
- Demonstrates the impact on the health of patients/communities AND  
- Connects impact on the health of patients/communities to the learning activity(ies) | - Demonstrated impact on the health of patients/communities at least once in each year of term OR  
- Measured impact on the health of patients/communities at least once for every year of term |