



Accreditation Council™
for Continuing Medical Education
learn well

UPDATED STANDARDS FOR INTEGRITY AND INDEPENDENCE IN ACCREDITED CONTINUING EDUCATION

Released/Effective Jan. 1, 2022

NEW STANDARDS REVIEW - 1 Year Out -

Quick Poll



**How many of you
have fully implemented
the new Standards?**

Quick Poll



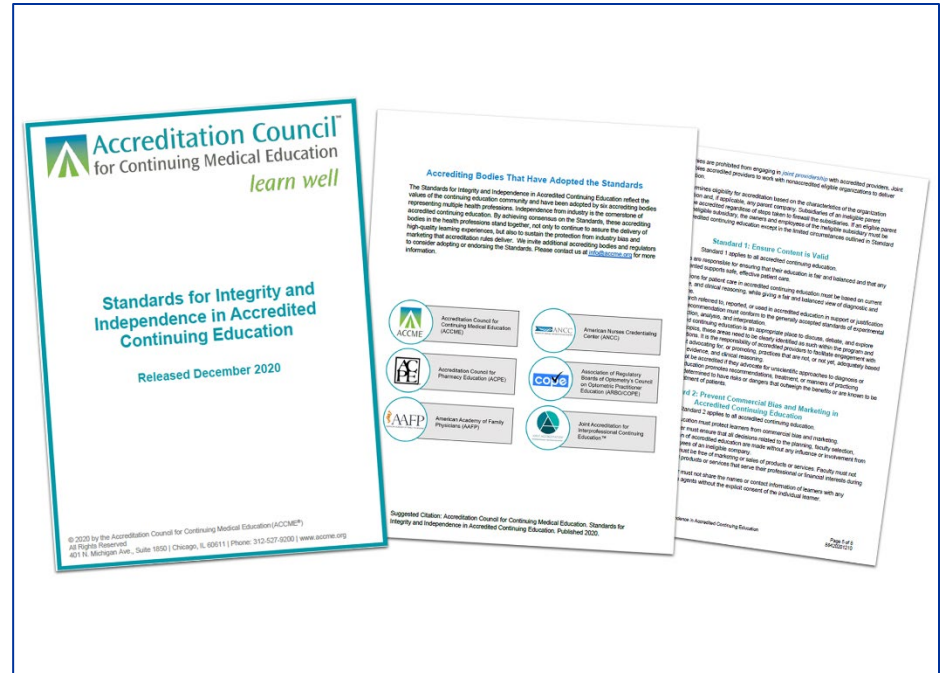
**How many of you
are asking
“What New Standards?”**



The Switch

Effective December 10, 2020,
the former
**ACCME Standards for
Commercial Support**
were replaced with
updated, streamlined, and
modernized Standards.

Accredited providers were
expected to comply with the
new requirements by
January 1, 2022.





**Standards for Integrity and
Independence in Accredited
Continuing Education**

Released December 2020

Information Package

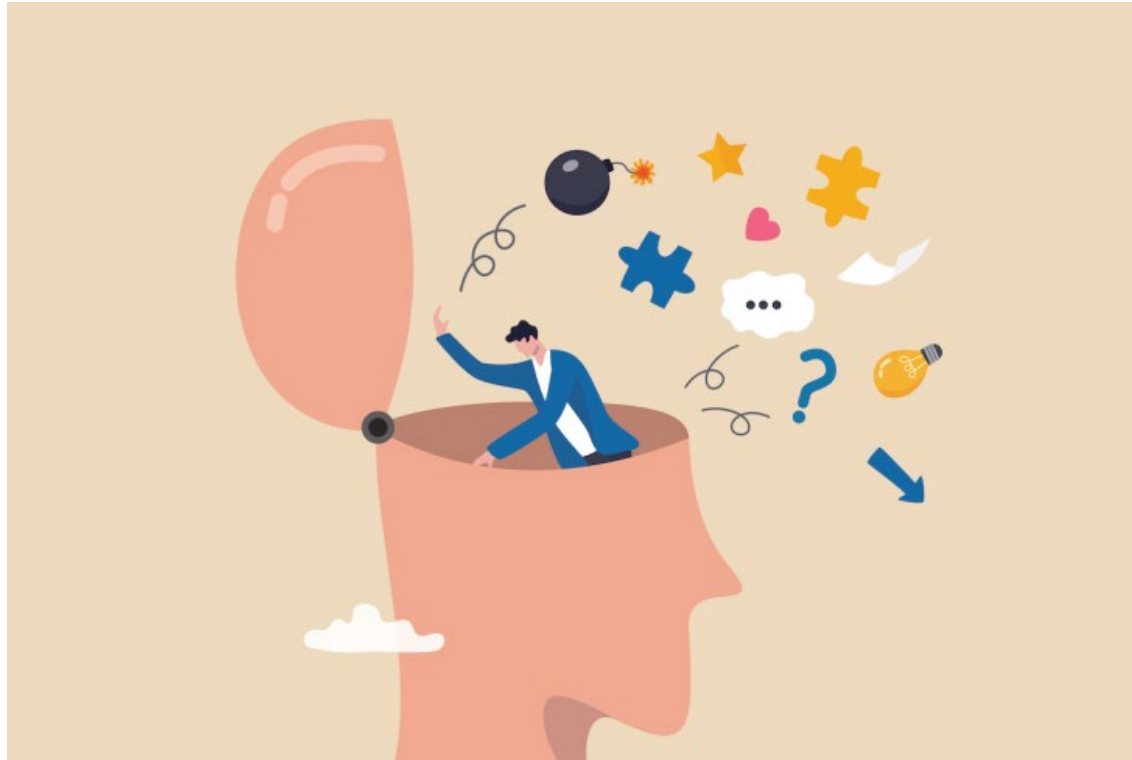
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ACCME published a downloadable
***Getting Started
Information Package***
containing an
**Overview and Introduction,
Full text of the New Standards,
Transition Timeline,
and links to resources**

This information package can still be
found at the following web address.

<https://accme.org/standards-resources>

We're Going to Revisit and Review Highlights of the Changes



Providers were able to **IMMEDIATELY** stop complying with requirements that had been removed



This included the following:

- Individuals would no longer need to disclose the financial relationships of their **spouse or partner**
- A formal written **policy on Honoraria & Expense Reimbursement** was no longer required, though providers still want to have a process in place.
- Providers no longer needed to identify, mitigate or disclose relevant financial relationships for CME activities that are considered **non-clinical** in nature (i.e., leadership development, physician burnout, etc.)

Current Adopters of the New Standards

Six accrediting bodies representing multiple health professions agreed to adopt these newly evolved Standards for Integrity and Independence in Accredited CE to reflect the values of the continuing education community.

- (ACCME) Accreditation Council for Continuing Medical Education
- (ACPE) Accreditation Council for Pharmacy Education
- (AAFP) American Academy of Family Physicians
- (ANCC) American Nurses Credentialing Center
- (COPE) Council on Optometric Practitioner Education
- (JAICE) Joint Accreditation for Interprofessional Continuing Education

Changes in Structure



Standards for Integrity and Independence in Accredited Continuing Education

The health professions are not only defined by expertise, but also by a dedication to put service of others above self-interest. When individuals enter the healthcare professions, they commit to upholding professional and ethical standards including acting in a patient's best interests, protecting the patient from harm, respecting the patient, fostering informed choices, and promoting equity in healthcare.

While the interests of healthcare and business sometimes diverge, both are legitimate, and collaboration between healthcare professionals and industry can advance patient care. Since healthcare professionals serve as the legally mandated gatekeepers of medications and devices, and trusted authorities when advising patients, they must protect their learning environment from industry influence to ensure they remain true to their ethical commitments.

As the stewards of the learning environment for healthcare professionals, the accredited continuing education community plays a critical role in navigating the complex interface between industry and the health professions. Organizations accredited to provide continuing education, known as accredited providers, are responsible for ensuring that healthcare professionals have access to learning and skill development activities that are trustworthy and are based on best practices and high-quality evidence. These activities must serve the needs of patients and not the interests of industry.

This independence is the cornerstone of accredited continuing education. Accredited continuing education must provide healthcare professionals, as individuals and teams, with a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.

The Accreditation Council for Continuing Medical Education (ACCME®) acts as the steward of the Standards for Integrity and Independence in Accredited Continuing Education, which have been drafted to be applicable to accredited continuing education across the health professions. The Standards are designed to:

- Ensure that accredited continuing education serves the needs of patients and the public.
- Present learners with only accurate, balanced, scientifically justified recommendations.
- Assure healthcare professionals and teams that they can trust accredited continuing education to help them deliver safe, effective, cost-effective, compassionate care that is based on best practice and evidence.
- Create a clear, unbridgeable separation between accredited continuing education and marketing and sales.

New overview (Preamble) explaining principles and purpose of the Standards



Changes in Structure (con't)

- **Re-organization** of Standards based on applicability (those applicable to all CME listed 1st, followed by standards applicable to programs that are commercially supported)
- **Policies & definitions** integrated into the Standards themselves (requirements all in one place now)
- **Brief introductions** to each Standard

Changes in Terminology

- **Eligible/Ineligible Companies** replaced term *Commercial Interest*
- **Mitigate** replaced term *Resolve*, in vetting relevant financial relationships
- **Accredited Continuing Education** replaced term *Continuing Medical Education* to be inclusive of all health professions

A Who's Who of the Eligible and Ineligible

The Eligibility Section now includes:

- **Updated definitions** of organizations that are eligible and ineligible for accreditation
- **Updated lists** of type of organizations that are eligible and ineligible
- **Clarification** about how corporate structure affects eligibility (parent/subsidiary companies)

Eligible Organizations

Types of Organizations That May Be Accredited in the ACCME System

Organizations eligible to be accredited in the ACCME System (*eligible organizations*) are those whose mission and function are: (1) providing clinical services directly to patients; or (2) the education of healthcare professionals; or (3) serving as fiduciary to patients, the public, or population health; and other organizations that are not otherwise ineligible. Examples of such organizations include:

- Ambulatory procedure centers
- Blood banks
- Diagnostic labs that do not sell proprietary products
- Electronic health records companies
- Government or military agencies
- Group medical practices
- Health law firms
- Health profession membership organizations
- Hospitals or healthcare delivery systems
- Infusion centers
- Insurance or managed care companies
- Nursing homes
- Pharmacies that do not manufacture  proprietary compounds
- Publishing or education companies
- Rehabilitation centers
- Schools of medicine or health science universities
- Software or game developers



As the workplace of the pharmacist

Ineligible Companies

(formerly known as Commercial Interests)

Types of Organizations That *Cannot* Be Accredited in the ACCME System

Companies that are ineligible to be accredited in the ACCME System (*ineligible companies*) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of such organizations include:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

Previous definition of a Commercial Interest:

Any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients.

Owners and Employees of Ineligible Companies

- Owners and employees of ineligible companies **are still** considered to have unresolvable financial relationships and must be excluded from participating as planners or faculty.
- Ineligible companies **are still** prohibited from engaging in Joint Providership with accredited providers.
- Subsidiaries of an ineligible company cannot be accredited regardless of steps taken to firewall the subsidiaries.



The Five ACCME Standards for Integrity and Independence in Accredited Continuing Education

Standard 1: Ensure Content is Valid

Applies to all accredited CE

- **Incorporated/Replaced** the current CME Clinical Content Validation Policy.
- **Clarified** that education is an appropriate place to discuss, debate and explore **new and evolving topics**, but these areas need to be clearly identified as such within the program and individual presentations.

Providers must facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence and clinical reasoning. (i.e., CBD or legalized marijuana)

Q&A

- In Standard 1, what is meant by "giving a fair and balanced view of diagnostic and therapeutic options?"

Accredited CME must be free of commercial bias, and must not promote products or services. Accredited CME must promote improvements in healthcare. A "balanced view" means that recommendations or emphasis must fairly represent, and be based on, a reasonable and valid interpretation of the information available on the subject (e.g., "On balance the data support the following..."). A "balanced view of therapeutic options" also means that no single product or service is over represented in the education activity when other equal but competing products or services are available for inclusion.

Standard 2: Prevent Commercial Bias and Marketing in Accredited CE

Applies to all accredited CE

- **Updated and simplified** the guidance for independence.
- **New:** Prohibits faculty from promoting or selling products or services that serve their professional or financial interests during accredited education (i.e., book promotion; referral of patients).
 - A faculty member can reference a book they've written, but no overt promotion
 - Book sales would be allowed outside of the educational space; provider may also raffle off a book
- **New:** Accredited providers must receive explicit consent from learners before sharing their names or contact information with ineligible companies or their agents.
 - Accredited provider is expected to explain to learners that you intend to share their information with an ineligible company. You can do that at registration; however, the learner must have the ability to opt out and still register for your activity.



- Standard 2: What is meant by “explicit consent of the learner”?

The accredited provider is expected to explain to learners that you intend to share their information with an ineligible company. You can do that at registration; however, the learner must have the ability to opt out and still register for your activity. The consent statement must be clearly visible. If the statement is hidden in a long list of terms and conditions, that would not meet the expectation.

Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships

Applies to all accredited CE

Simplified guidance on identifying, mitigating, and disclosing relevant financial relationships, while at the same time adding more rigor to the process.

COLLECTION

- **New:** Accredited providers must collect disclosure information from those in control of content about ALL of their financial relationships with ineligible companies. **It is the accredited provider's responsibility to determine which relationships are relevant.**
 - Individuals (planners and speakers) must disclose regardless of their view of the relevance of the relationship to education.
 - Financial relationships are relevant if the educational content an individual can control is related to the **business lines or products** of the ineligible company.
 - Example: If faculty advise they will not be discussing a company's products, but they will be talking about a therapeutic area of interest for said company, providers must still disclose the relationships – they are considered relevant.

Standard 3 (Cont'd): Identify, Mitigate, and Disclose Relevant Financial Relationships

COLLECTION

- **New:** Individuals must disclose relationships with ineligible companies within the prior **24** months (changed from the current requirement of 12 months).
 - You can choose whether to collect disclosure information when planning each activity or on a periodic basis, such as annually. If you choose to collect the information periodically, it is important to ask the person to update the disclosure if anything changes.
 - You will not be changing the frequency of disclosure collection, but rather the “look-back” period.

Standard 3 (Cont'd): Identify, Mitigate, and Disclose Relevant Financial Relationships

COLLECTION

- **Removed:** Individuals no longer need to disclose the financial relationships of their spouse or partner.
- **Clarified** that research grants from ineligible companies are financial relationships that should be disclosed, even if the funds go to the researcher's institution and not to the individual researcher.
- **Clarified** that owners or employees of ineligible companies must be excluded from controlling content. (Includes the 3 exceptions to this exclusion)

Standard 3 (Cont'd): Identify, Mitigate, and Disclose Relevant Financial Relationships

MITIGATION

- **New:** Accredited providers do not need to identify, mitigate, or disclose relevant financial relationships for education that is **non-clinical in nature**, or where the learner group is in control of content, such as **spontaneous case conversations among peers**.
- **New:** A new Quick Tool was released as part of ACCME's new **Toolbox**.
(We'll take a closer look at this in our next session.)

Standard 3 (Cont'd): Identify, Mitigate, and Disclose Relevant Financial Relationships

MITIGATION

- **Included a Reminder:** It is important to mitigate relationships prior to the individuals assuming their roles and take steps appropriate to that role (steps vary between planners and speakers).
- **Clarified** that providers should document the steps taken to mitigate relevant financial relationships.

Standard 3 (Cont'd): Identify, Mitigate, and Disclose Relevant Financial Relationships

DISCLOSURE

- **New:** When disclosing relevant financial relationships to learners, accredited providers must include a statement that “**all relevant financial relationships have been mitigated.**”
- **Included a Reminder:** Accredited providers must also still disclose the absence of relevant financial relationships when there are none.

Learners must receive disclosure information, in a format that can be verified at the time of reaccreditation, before engaging with the accredited education.



- Standard 3: What is meant by "format that can be verified at the time of accreditation"?

As part of the accreditation process, the ACCME will select a sample of your accredited education to verify that learners received the appropriate disclosure information. Because the ACCME is not present at the time the disclosure occurs, we ask that you save documentation that will allow us to verify it took place – in whatever format disclosure is made. Specifically, we will want to verify that disclosure to learners included:

- a. The names of the individuals with relevant financial relationships.
- b. The names of the ineligible companies with which they have relationships.
- c. The nature of the relationships.
- d. A statement that all relevant financial relationships have been mitigated.

Q&A

- Is it necessary to collect disclosure information on financial relationships from a speaker each and every time the speaker participates in a CME activity?

No. It is not necessary to **collect** disclosure information on relevant financial relationships from a speaker, planner, or author each and every time that individual has control over the content of a CME activity. SCS Element 2.1 requires that the provider be able to show the ACCME that everyone who has control of CME content has disclosed all relevant financial relationships with any commercial interest to the provider. Disclosure can occur by the provider utilizing disclosure information from a database, previous CME activities, or another institution and then **verifying** that those relationships (or lack of relationships) are current and applicable to the applicable CME activity.

Q&A

- Do I need to collect new disclosure information for previously released enduring materials that will be available to learners after January 1, 2022?

No. You are not expected to comply with new disclosure requirements or obtain new disclosure information from those in control of content for a previously released activity, even if the activity is available to learners in 2022 or beyond. Please note that the activity is subject to the [Content Validity of Enduring Materials policy](#), so you must ensure that the content is still up-to-date and accurate at least every three years or earlier if the content warrants review.

Q&A

- Since providers must now collect information from planners, faculty, and others in control of educational content about **ALL of their financial relationships with ineligible companies**, and determine which are relevant, do I need to sleuth CMS payment sites, etc. for any financial relationships VERSUS trusting faculty to report everything appropriately?
-
- No. Individuals in control of content must disclose regardless of their view of the relevance of the relationship to the education, and providers may accept this information based on the honor system.

Standard 4: Manage Commercial Support Appropriately

Applies only to accredited CE that receives financial or in-kind support

- **Simplified** guidance about decision-making and disbursement, agreements, accountability, and disclosure to learners.
- **Clarified** that an accredited provider can sign onto an existing commercial support agreement between an accredited provider and a commercial supporter, by indicating its acceptance of the terms, conditions, and amount of commercial support it will receive.
 - Reminder: The accredited provider must disclose to the learners the name(s) of the ineligible company(ies) that gave commercial support.
 - It is best practice to disclose/acknowledge non-commercial support as well, but not mandated.
 - Reminder: A formal written policy on Honoraria & Expense Reimbursement is no longer required.

Q&A

- If we receive financial or other support for an activity from an entity that is not an ineligible company as defined by the ACCME, are we allowed to use its logo to acknowledge their support?

Yes. If the organization is not an ineligible company per the ACCME's [Standards for Integrity and Independence in Accredited Continuing Education](#), the use of its corporate logo in the acknowledgement of support would be allowed. Standard 4.4 specifically prohibits use of ineligible companies' corporate or product logos, trade names, or product group messages in the disclosure of commercial support.

Q&A

- When an accredited provider is working in joint providership, who needs to be part of a written agreement for commercial support and when must it be executed?

The ACCME expects that written agreements for commercial support will:

- be between the accredited provider and commercial supporter.
- include the name of the joint provider or third party that would be receiving and disbursing the funds (when applicable).
- be executed and agreed to by both the accredited provider and the ineligible company providing the commercial support. Third parties and/or joint providers **may also** be included in the written agreement but may not execute or agree to it **instead** of the accredited provider.
- be executed **prior** to the activity taking place.

Q&A

- Whose expenses can be paid for with commercial support?
-

Commercial support is used to underwrite the provider's expenses for developing and presenting an activity. Commercial support can be used to pay for the expenses of teachers and authors as well others who are engaged in the development of the activity for the provider.

Standard 5: Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education

Applies only when there is marketing by ineligible companies or non-accredited education associated with the accredited CE

- **Simplified**, updated guidance about the separation of accredited and non-accredited education
- **Clarified** that learners must be able to easily distinguish between accredited education and other activities, such as non-accredited CE and marketing by ineligible companies.

Standard 5 (Con't): Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education

- **New:** Defined how much time (30-minute interval) must separate accredited activities from non-accredited activities if they are held in the same educational space.
 - What is the definition of educational space? Where the learner is engaging with content, material and faculty.
 - You do not need to wait 30 minutes after an accredited CE session before opening exhibits in another room. The key with this window of time is 'within the same educational space.'
 - Marketing and non-accredited education **can take place at the same time as accredited education as long as it is in a different room and is clearly communicated to learners.**
 - There does not need to be a 30-minute interval between accredited education and sessions that fit the exceptions listed in Standard 3 (ie, legislative briefing or awards ceremony).

Q&A

QUESTION: Does there need to be a 30-minute interval between accredited and non-accredited education in **virtual activities**?

ANSWER: For live, online activities, if the learner will remain in the same “virtual space” for a non-accredited session, then the provider must ensure that there is a 30-minute interval before or after accredited education.

If the learner is required to leave the virtual space to transition between accredited and non-accredited activities, and will need to take an action, such as clicking a link that clearly communicates that they are leaving the accredited education, then there is no time-interval requirement.

Q&A

- Where can advertising for ineligible companies appear related to educational events?

ACCME requires the separation of education from all promotional activities, materials and messages. Many providers create a print or text based document that goes along with an activity and provides information that is supplementary to the education content - like reproductions of slides, graphics or other handouts. These documents, in print or electronic, are an integral part of the education and as such cannot have any advertising, corporate logo, trade name or a product-group message of an ineligible company associated with them.

Q&A

- Can commercial supporters distribute promotional materials for CME activities, like "save the date announcements and brochures?"

Yes. Distributing promotional materials for accredited education such as save the date announcements and brochures, is not prohibited by the ACCME's [Standards for Integrity and Independence](#).


Note that Standard 5.3 prohibits ineligible companies from providing access to (such as a link), or distributing, the accredited education itself to learners.

Q&A

- Where do I find the language in the new Standards that state's **"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?"** I can no longer find it.
-
- This is now located under Standard 5 – 2.c.

Q&A

- Where do I find the language in the new Standards that state's **"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?"** I can no longer find this either.
-
- This is now located under Standard 1 – 1. You will find the wording is a little more vague, but is also addressed in ACCME's FAQ published Dec, 2020.



Enduring Materials: What Do You Need to Know and Do?

Do Online Enduring Materials Released in 2021 that will be available for several years need to comply with the New Standards?

With the change in accreditation requirements, ACCME's goal was to be flexible and allow accredited providers time to transition to the new expectation. They expected providers to take reasonable steps to comply with the new Standards for activities taking place in 2021 that would continue to be available in 2022 and beyond.

Providers are expected to demonstrate compliance with the new Standards with any and all activities that would take place beginning January 1, 2022, or later.

For activities that were planned or released prior to 2021, ACCME does not expect providers to make changes to or obtain new disclosure information from any individuals who were in control of the content.

Please Note:

Your activities are subject to the **Content Validity of Enduring Materials policy**. Therefore, you do need to ensure that your content is up to date and is accurate at least every three years or more frequently if the content requires review.

There's also a New Look and Feel to the Core Accreditation Criteria

Accreditation Criteria

Initial applicants seeking to achieve Provisional Accreditation, a two-year term, must comply with the following Core Accreditation Criteria: Mission, Program Analysis, Educational Needs, Designed to Change, and Analyzes Change.

Providers seeking Accreditation, a four year-year term, must comply with all the Core Accreditation Criteria. Accredited providers also have the option to seek Accreditation with Commendation, a six-year term. See the explanation below.

All providers must comply with the applicable Standards for Integrity and Independence in Accredited Continuing Education and applicable policies.

Core Accreditation Criteria	
CME Mission and Program Improvement	
Mission	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. (formerly Criterion 1)
Program Analysis	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. (formerly Criterion 12)
Program Improvements	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. (formerly Criterion 13)

Educational Planning and Evaluation	
Educational Needs	The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners. (formerly Criterion 2)
Designed to Change	The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement. (formerly Criterion 3)
Appropriate Formats	The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. (formerly Criterion 5)
Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies). (formerly Criterion 6)
Analyzes Change	The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions. (formerly Criterion 11)

Notice the crosswalk between the old numbering system and the new topic areas.

Reorganization of ACCME Accreditation Criteria

With the update to the Standards, ACCME decided to simplify the organization and naming of the Accreditation Criteria.

AT A GLANCE

- **Eliminated Accreditation Criteria 7-10:** These criteria referred to the Standards for Commercial Support. To simplify, they removed the redundancy of embedding the Standards in the Accreditation Criteria.

C7: The provider develops activities independent of commercial interests

- Avoiding use of employees/owners of commercial interests (ineligible entities)
- Conflict of interest resolution (mitigation)
- Conflict of interest disclosure to learners

C8: The provider appropriately manages commercial support

C9: The provider maintains a separation of promotion from education

C10: The provider activity promotes improvements in health care and NOT proprietary interests of a commercial interest (ineligible entity)

Reorganization of ACCME Accreditation Criteria (continued)

- **New structure:** The Core Accreditation Criteria (formerly Criteria 1–13) are reorganized and **grouped into topic areas** to better reflect the Plan Do Study Act (PDSA) cycle, which is the foundation of the criteria. ACCME refers to these as the *core* criteria to differentiate them from the commendation criteria.
- **Keywords, not numbers:** ACCME replaced the numbering system with keywords to more clearly identify the purpose of each criterion. This change applies to the Core Accreditation Criteria and the Menu of Criteria for Accreditation with Commendation.

Reorganization of ACCME Accreditation Criteria (continued)

- **No changes to the Core Accreditation Criteria:** There are *no* changes to the wording or expectations of the Core Accreditation Criteria (formerly Criteria 1–13), *except for the removal of Criteria 7-10 and replacement of numbers with keywords, as described above.*
- **Menu of Criteria for Accreditation with Commendation:** There are *no* changes to the commendation criteria, *except that the numbers have been replaced with keywords, as described above.* As before, compliance with the menu is an *option*, not a requirement.

Reorganization of ACCME Accreditation Criteria (continued)

- **Compliance expectations:** Providers will be evaluated for compliance with the Core Accreditation Criteria, applicable Standards for Integrity and Independence in Accredited Continuing Education, and applicable policies.
- **Data entry:** ACCME is making updates to the Program and Activity Reporting System (PARS) and accreditation management system in the Fall of 2021 to reflect these changes.

New Look and Feel of the Commendation Criteria

Menu of Criteria for Accreditation with Commendation (optional)

To be eligible for Accreditation with Commendation, CME providers must demonstrate compliance with all of the Core Accreditation Criteria, in addition to eight criteria from the commendation menu. Choosing from the menu, providers 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.

All providers must demonstrate compliance with the applicable Standards for Integrity and Independence in Accredited Continuing Education and applicable policies.

Promotes Team-based Education

Engages Teams	Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE). (formerly Criterion 23)
Engages Patients/Public	Patient/public representatives are engaged in the planning and delivery of CME. (formerly Criterion 24)
Engages Students	Students of the health professions are engaged in the planning and delivery of CME. (formerly Criterion 25)

Addresses Public Health Priorities

Advances Data Use	The provider advances the use of health and practice data for healthcare improvement. (formerly Criterion 26)
Addresses Population Health	The provider addresses factors beyond clinical care that affect the health of populations. (formerly Criterion 27)
Collaborates Effectively	The provider collaborates with other organizations to more effectively address population health issues. (formerly Criterion 28)

Enhances Skills

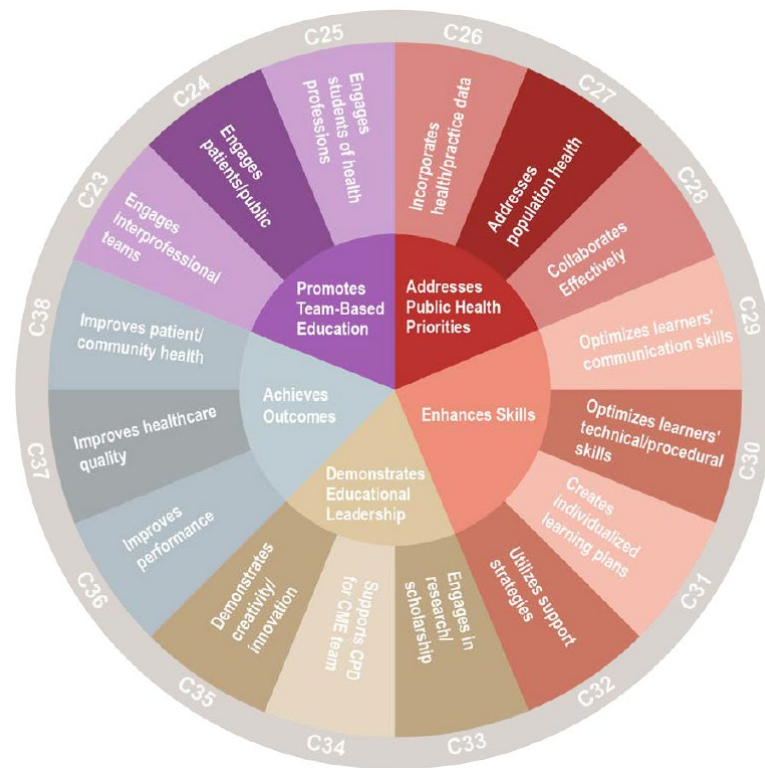
Optimizes Communication Skills	The provider designs CME to optimize communication skills of learners. (formerly Criterion 29)
Optimizes Technical/Procedural Skills	The provider designs CME to optimize technical and procedural skills of learners. (formerly Criterion 30)
Creates Individualized Learning Plans	The provider creates individualized learning plans for learners. (formerly Criterion 31)
Utilizes Support Strategies	The provider utilizes support strategies to enhance changes as an adjunct to its CME. (formerly Criterion 32)

Demonstrates Educational Leadership

Engages in Research/Scholarship	The provider engages in CME research and scholarship. (formerly Criterion 33)
Supports CPD for CME Team	The provider supports the continuous professional development of its CME team. (formerly Criterion 34)
Demonstrates Creativity/Innovation	The provider demonstrates creativity and innovation in the evolution of its CME program. (formerly Criterion 35)

Achieves Outcomes

Improves Performance	The provider demonstrates improvement in the performance of learners. (formerly Criterion 36)
Improves Healthcare Quality	The provider demonstrates healthcare quality improvement. (formerly Criterion 37)
Improves Patient/Community Health	The provider demonstrates the impact of the CME program on patients or their communities. (formerly Criterion 38)



New Look and Feel of Document for Menu of Commendation Criteria - Showing Critical Elements



MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION				
CRITERION		RATIONALE	CRITICAL ELEMENTS	STANDARD
Promotes Team-based Education				
Engages Teams	Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE). (formerly C23)	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"> 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 Activities are designed to change competence and/or performance of the healthcare team. 	<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 number of activities: * S=2; M=4; L=6; XL=8</p>
Engages Patients/Public	Patient/public representatives are engaged in the planning and delivery of CME. (formerly C24)	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.	<ul style="list-style-type: none"> Includes planners who are patients and/or public representatives AND Includes faculty who are patients and/or public representatives 	<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 number of activities: * S=2; M=4; L=6; XL=8</p>
Engages Students	Students of the health professions are engaged in the planning and delivery of CME. (formerly C25)	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.	<ul style="list-style-type: none"> Includes planners who are students of the health professions AND Includes faculty who are students of the health professions 	<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 number of activities: * S=2; M=4; L=6; XL=8</p>

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

Reaccreditation Impact

- **January 2022:** Providers expected to demonstrate compliance with new Standards in all activities.
 - ACCME expected accredited providers to take reasonable steps to comply with the new Standards for activities taking place in 2021 that will continue to be available in 2022 and beyond.
 - For activities that were planned or released prior to 2021, ACCME did not expect providers to make changes to or obtain new disclosure information from the individuals who were in control of content.
- **January 2022:** When providers come up for reaccreditation, they will be held accountable for compliance with the old Standards only in the requirements that are the same.

ACCME WEBSITE RESOURCES

ACCME has now replaced the old Standards with the new on their website and has begun using the new terminology.

<https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce>

Standards for Integrity and Independence in Accredited Continuing Education

PREAMBLE

ELIGIBILITY

STANDARD 1: ENSURE
CONTENT IS VALID

STANDARD 2: PREVENT
COMMERCIAL BIAS AND
MARKETING IN ACCREDITED
CONTINUING EDUCATION

STANDARD 3: IDENTIFY,
MITIGATE, AND DISCLOSE
RELEVANT FINANCIAL
RELATIONSHIPS

STANDARD 4: MANAGE
COMMERCIAL SUPPORT
APPROPRIATELY

STANDARD 5: MANAGE
ANCILLARY ACTIVITIES
OFFERED IN CONJUNCTION
WITH ACCREDITED CONTINUING
EDUCATION

The old Standards can be found in ACCME's archives.

Archived Resources: Standards for Commercial Support

- [Standards for Commercial Support: Standards to Ensure Independence in CME Activities \(PDF\)](#)
- [Archived Examples of Compliance and Noncompliance with the ACCME Standards for Commercial Support \(Criteria 7-10\) \(PDF\)](#)
- [Archived Accreditation Requirements \(PDF\)](#)

Tools have been developed to support providers with the implementation of the new Standards.

Toolkit for the Standards for Integrity and Independence

This toolkit includes templates, sample forms, and checklists in fillable PDF format for you to adapt and use as you choose. Use of these resources is completely optional.

- [Download the full Toolkit](#) (fillable PDF)
- Download the tools from the Toolkit as separate fillable PDFs:
 - [Tools for Identifying, Mitigating, and Disclosing Relevant Financial Relationships](#)
 - [Tools to Ensure that Clinical Content is Valid](#)
 - [Quick Tool to Simplify Educational Planning when Identification, Mitigation, and Disclosure are Not Required](#)

Tools and Forms



Toolkit for the Standards for Integrity and Independence in Accredited Continuing Education

The ACCME provided a **Toolkit** of resources to assist providers in transitioning to the new Standards.

The initial collection of tools focuses on:

- Standard 1: Ensuring Content is Valid
- Standard 3: Identifying, Mitigating, and Disclosing Relevant Financial Relationships.

These 2 standards are applicable to all accredited providers, whether or not commercial support is received. **Use of these resources is completely optional and we will take a closer look at the tools in the next session.**

ISMA WEBSITE RESOURCES

ISMA's *CME OneSource* contains updated forms and other documents. Providers may adopt and adapt them for their own use if so desired.

https://www.ismanet.org/ISMA/Education/CME_OneSource/ISMA/Education/CME_OneSource

EDUCATION

■ Seminars and Webinars

■ ISMA Online / ISMA Mobile Learning

■ Opioid Prescribing Resources

■ CME OneSource

[Home](#) » [Education](#) » CME OneSource

[CME Home](#)

[CME Events](#)

[CME Accreditation Requirements](#)

[Joint Providership](#)

[ShapeUpCME](#)

[Accreditation and Restudy](#)

[ISMA Accredited Providers](#)

[Resources](#)

[Surveyors](#)

[CME Training Materials](#)

CME OneSource

Welcome to the ISMA CME OneSource Resource Center

This section was developed as a one-stop tool to assist physicians and providers with their CME needs. Please spend some time becoming familiar with the site. If there is something you need, or if you would like to submit your suggestions, please email ISMA CME Coordinator [Cheryl Stearley](#), or call her at (317) 454-7731. We'd be happy to hear your remarks and hope this site serves as an efficient and easy-to-use resource.

About CME

CME consists of educational activities that serve to maintain, develop or increase the knowledge, skills and professional performance and relationships that physicians use to serve patients, the public or the profession. [Read the full definition.](#)

ISMA is:

- Accredited through the [Accreditation Council for Continuing Medical Education](#) (ACCME®) to provide CME activities.
- Allowed to provide [joint providership](#) programs.
- A recognized provider through the ACCME® to [accredited organizations](#) in Indiana to offer CME programs.

Below are the Forms ISMA Updated to Incorporate the Changes

- CME Intake Form (used with JP's or internal departments)
- Financial Disclosure Form
- CME Application & Planning Worksheet
- Marketing Guidelines
- Financial Disclosure Grid
- Joint Provider Activity Guide & Checklist

CME OneSource

https://www.ismanet.org/ISMA/Education/CME_OneSource/ISMA/Education/CME_OneSource

Joint Providership Documents

https://www.ismanet.org/ISMA/Education/CME_OneSource/Joint_Providership

Accreditation Requirements

https://www.ismanet.org/ISMA/Education/CME_OneSource/CME_Accreditation_Requirements

It is now 3 pages instead of 2

[illegible]

ATTACHMENTS/DEMONSTRATION OF EVIDENCE	
Attachment 1	The activity topics/content , example , agenda, brochure, program book, or announcement. (ACCMR Definition of CME)
Attachment 2	The forms, tools, or mechanism used to identify relevant financial relationships of all individuals in control of content. <i>Example: signed disclosure form or conflict of interest form. Include all planning committee members, CME staff, presenters, authors, moderators, anyone writing/approving objectives.</i>
Attachment 3	Evidence that you implemented your mechanism(s) to resolve conflicts of interest for all individuals in control of content prior to the start of the activity. <i>If answer in control of content involved a relevant financial relationship, what action did you take to resolve the perceived conflict of interest? Include documentation of provider's review, and the individual's agreement to provide only quality or improvements in healthcare and not to promote the specific business of the commercial interest. Example: signed form, written communication, and/or any additional action taken.</i>
Attachment 4	The disclosure information as provided to learners about the relevant financial relationships (or absence of relevant financial relationships) that each individual in a position to control the content of CME disclosed to the provider. <i>Prove that disclosure was made to learner prior to the start of the activity. Example: on-site, syllabus, oral, talking sign, or handout. If verbal disclosure was made, provide documentation or attestation from participant.</i>
Attachment 5	The data or information generated from this activity about changes achieved in learners' competence or performance or patient outcomes. <i>Documentation certifying the activity was evaluated for change. Example: the summated evaluations of the overall activity (post evaluation) or the summated follow-up individuals, or quality assessment data showing changes in patient outcomes.</i>
Attachment 6	The ACCMR accreditation statement for this activity, as provided to learners . (Appropriate Accreditation Statement) The accreditation statement must appear on CME activity materials and be made available to the learners when their registration, such as preceptors and objectives, is included.
If the activity was COMMERCIALLY SUPPORTED:	
Attachment 7	The income and expense statement for this activity that details the receipt and expenditure of all of the commercial support. <i>Include copies of payments from commercial supporter(s) made directly to your organization. Also, provide a copy of the budget plan showing expenditures and a copy of check and its deposit.</i>
Attachment 8	Each executed commercial support agreement for the activity.
Attachment 9	The commercial support disclosure information as provided to learners . <i>Prove that commercial support disclosure was made to learner prior to the start of the activity, e.g. on-site, syllabus, oral, talking sign, or handout. If verbal disclosure was made, provide documentation or attestation from participant.</i>
If this activity is an enduring material, internet CME, or journal-based CME:	
Attachment 10	The CME product (or a URL and access code - if applicable) with your performance in practice.





Page 1 of 8
 Updated: 08/1/2001

It includes a new section on use of Employees/Owners

For all INDIVIDUALS IN CONTROL OF CONTENT for the activity


IDENTIFY, MITIGATE AND DISCLOSE RELEVANT FINANCIAL RELATIONSHIPS (former C7, SCS 1, 2 and 6)

The provider develops activities/educational interventions independent of commercial interests

	Did employees or owners of ACCME-defined commercial interests control CME content for this activity (e.g., participate as planners, reviewers, faculty, authors, and/or others who control educational content)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, describe how their participation met one of the three specific circumstances permitted by the ACCME and how you ensured the independence of the CME Activity.	<input type="text"/>
	Did an ACCME-defined commercial interest take the role of non-accredited partner in a joint provider relationship in the activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, describe the circumstances in which the commercial interest took the role of a non-accredited partner in the activity.	<input type="text"/>

Expanded table with column for Mechanism Implemented to Mitigate COI

IDENTIFY, MITIGATE AND DISCLOSE RELEVANT FINANCIAL RELATIONSHIPS (former C7, SCS 1, 2 and 6)

 The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2, and 6). Complete the table below. For each individual in control of content, list the name of the individual, the individual's role (e.g., planner, staff, content reviewer, faculty) in the activity, the name of the ACCME-defined commercial interest with which the individual has a relevant financial relationship (or if the individual has no relevant financial relationships), the nature of that relationship, and the mechanism implemented to resolve all conflicts of interest appropriate to the role(s) of the individuals in the activity.

(Note: please ensure that when you are collecting this information from individuals, that you are using the most current definitions of what constitutes a relevant financial relationship and ACCME-defined ineligible company (AKA: commercial interest).)

Name of individual	Individual's role in activity	Name of ineligible company	Nature of relationship	Mechanism(s) implemented to mitigate relevant financial relationships
Example: Jane Smythe, MD	Planner/Course Director	EN Lilly	Consultant	Example: Partnered with non-conflicted Planner for peer review of decisions
Example: Thomas Jones	Faculty	Major Pharmaceuticals	Speakers Bureau	Example: Slide review
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

As ISMA Surveyors review your Reaccreditation Materials they will consider the following:



LET'S REVIEW

Surveying for the Standards



NOW

(Winter and Spring 2022 Interviews: no activities *planned* in 2022)

BE AWARE that activities *planned and offered* in 2021 do not need to meet new expectations for the Standards

STOP checking for things that are no longer required because they were removed from the updated Standards

LATER

(Fall 2022 and Subsequent Interviews: may include activities *planned* in 2022)

CHECK that activities *planned* in 2022 and beyond meet expectations of the updated Standards

BE AWARE that activities *planned* in 2021 and offered in 2022 do not need to meet new expectations for the Standards

Group Discussion

