



Common Non-compliance Issues

Transcript of Video FAQ

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<http://education.accme.org/video/accme-video-faq/common-Non-compliance-issues>

Description: What are the most common areas of Non-compliance with the ACCME 2006 Accreditation Criteria?

Early in our transition to making accreditation decisions using the Updated Criteria we've seen some common themes and what providers are doing and how they've been operating that have produced non-compliance findings. Criteria 2 and 3: Criterion 2 is about identifying professional practice gaps and deducing needs from those professional practice gaps. We want to see a professional practice gap. We want to see what's happened in your thinking about what underlies that gap.

What's happened for the people who are out of compliance—they're doing it the old way. They're asking learners, "What do you want an educational activity to be?" and that's what they're presenting as the needs data. The others who have started the transition to trying to address professional practice gaps have given us lists of tools or blank questionnaires that would identify professional practice gaps. But, they haven't given us any information about professional practice gaps that they've actually identified. So, we can say, "You've got a tool that would produce the information, but have you got any information?" And they don't have any or haven't provided it to us and we have not been able to give them compliance with Criterion 2 or 3 because they haven't planned educational activities to change the things that we're asking for because they haven't gotten any information about what it is that they need to change.

Another common non-compliance finding is in C.7, the area of independence, conflict of interest and disclosure. The common theme there is the providers have failed to identify those people who have conflicts of interest. The providers haven't asked for disclosure from their planners. Most providers are asking for disclosure information from their teachers and authors, but many who are getting non-compliance in Criterion 7 have failed to ask for disclosure information from planners. Therefore, they haven't been able to identify relevant financial relationships, they have not been able to resolve conflicts of interest and then they can't go on and disclose the relevant financial relationships in Standard 6 of the Standards for Commercial Support and that gives them non-compliance for Criterion 7.

Another is in Criterion 8, the management of funds. It's mostly about the written agreements. Either there aren't written agreements for all the commercial support grants – and we expect a written agreement for each commercial support grant that comes to an accredited provider. This is an agreement. An agreement is signed between two parties. And the other common thing is that there is no signature on one of these agreements or there is a missing signature on one of those agreements.



Another common area of non-compliance is in Criteria 11 and 12. Providers, if they're using evaluations that are simply seeking the learners' satisfaction with the educational activity or measure a change in knowledge—what do you know now more than you knew before—then, providers are not measuring changes in their learners in the context of changes in competence, performance or patient outcomes. And that makes them non-compliant in Criterion 11. Then, when they turn to look at Criterion 12 and their impact on their expected results that's articulated in their mission statement—the mission statement needs to be stated in the context of changes in competence, performance or patient outcome—but now the provider doesn't have any information about what impact that they've had. ACCME doesn't require that you be able to move every learner a certain distance or that every educational activity has a measurable change in practice. We expect that you're going to want those. We expect that if you don't find them, you're going to reflect and try to improve your programs in 13, 14 and 15. But, if you don't start with having the information about changes in competence or performance or patient outcomes, you won't be able to analyze and synthesize the information that you need to do and you won't be able to create the strategic plan to change and improve the way we expect you to do.

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