



Criteria Overview

Transcript of Video FAQ

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<http://education.accme.org/video/accme-video-faq/criteria-overview>

Description: How would you explain the ACCME 2006 Accreditation Criteria for accredited CME in general terms?

It might be valuable to spend some time here in these discussions and upon reflection inside your own organizations, to stand back and look at the Accreditation Criteria overall. Where we start you off with an educational request that you identify your own educational mission, your purpose and what your own expected results are, and then we lay out a framework, an algorithm, for the accredited provider to determine what practice-based needs their own learners have, by addressing a professional practice gap, by identifying a professional practice gap and then trying to understand what need underlies that gap. We then ask you to plan your interventions to change something, to identify prospectively what it is that you want to change in your educational activities.

In all of those activities we say that they should match the scope of practice, that you should pick the format that matches your objective. If you're trying to address a knowledge need, then use a lecture or a didactic session. If you're trying to change how people think about something, they need to have small group sessions, they need to have periods of reflection, they need to have interactions with other experts. So, use the format that is the right one for what it is you are trying to accomplish.

And then it's important, now in this day and age, with maintenance of certification, maintenance of licensure, requirements of the Joint Commission for continuing education, that you identify the desirable physician attributes or competencies that your education is trying to change or impact. It's important to think about these things as you go forward prospectively, or after you've designed it to reflect back on and say: This is something that's designed to change professionalism, to impact on the management of care. For you to understand the range of the competencies that you are addressing or desirable attributes but also to communicate it to your learners.

Now all of this education needs to be planned in the context of the ACCME Standards for Commercial SupportSM—whether you get commercial support or you don't get commercial support—it's important that your educational activities be planned independently of the influence of either the relationships that your teachers and authors bring to the activity, the relationships you have as an organization, or the presence of commercial support.

We ask you to identify and resolve conflicts of interest. We ask you to disclose relevant financial relationships to the learners. Those are key steps in the professionalism and due diligence of CME providers here in the 21st century. And they're focused on ensuring that CME is



independent and looks independent from commercial interests, regardless of whether you get funds. We also require that if you get commercial support, that you manage those funds appropriately. And that you as the accredited provider use those to plan and present the activities and that the money doesn't get directly to the teachers, doesn't get directly to the learners, but rather is in support of the whole educational activity.

We recognize that there is advertising and promotional activities that occur inside medical journals, at large meetings, at small meetings, but we insist—and always have—that there is a separation of promotion from education. First, the largest is that continuing medical education is not a promotional event. The Standards for Commercial Support, the rest of the Criteria, ensure that this is education by the profession, for the profession. And if you're actually going to have promotion and advertising somewhere related to your activity, that it be separate and removed.

Further to all of this, is that you must ensure that there is no commercial bias inside this continuing medical education. CME is about promoting improvements to health care—not proprietary interests. Proprietary interests are promoted in promotion and advertising. Continuing medical education promotes improvements to health care and changes to physicians' practice. This is how you plan and implement activities. This is the context in which you present them. This is the due diligence and the safeguards that you use.

Like all professionals, we need to evaluate our success. So, the Criteria go on in 11, 12, 13, 14 and 15 to say: How are we doing? We've planned the educational activities—now let's pause and assess the extent to which we have been successful. Plan, do, study, act; the PDSA cycle. In 11, 12, 13 and 14, we studied our impact. We analyze and synthesize the changes that we've been able to put into place in physicians' competence, performance or patient outcomes. We take that information and we nest it inside our delivery and our program of continuing medical education and add in the people, the systems and everything else that come together to make our program, and say: Has our program met our mission? To what extent have we attracted the target audience? Have we delivered the continuing medical education content that we intended? Are we doing the CME that we intended to do and are we having the expected results? And that we take our own self-assessment of that and incorporate it into a strategic plan for change. We implement those changes and then we evaluate the extent to which those changes have had a positive impact on us meeting our mission. It's a circle – plan, do, study, act – it's the quality improvement circle. It's the same circle that our physician learners are required to operate in. Our continuing education just recapitulates that quality improvement model and it's all over the same data and information, the extent to which the physicians have a professional practice gap or not and what they've done to close that gap.

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