

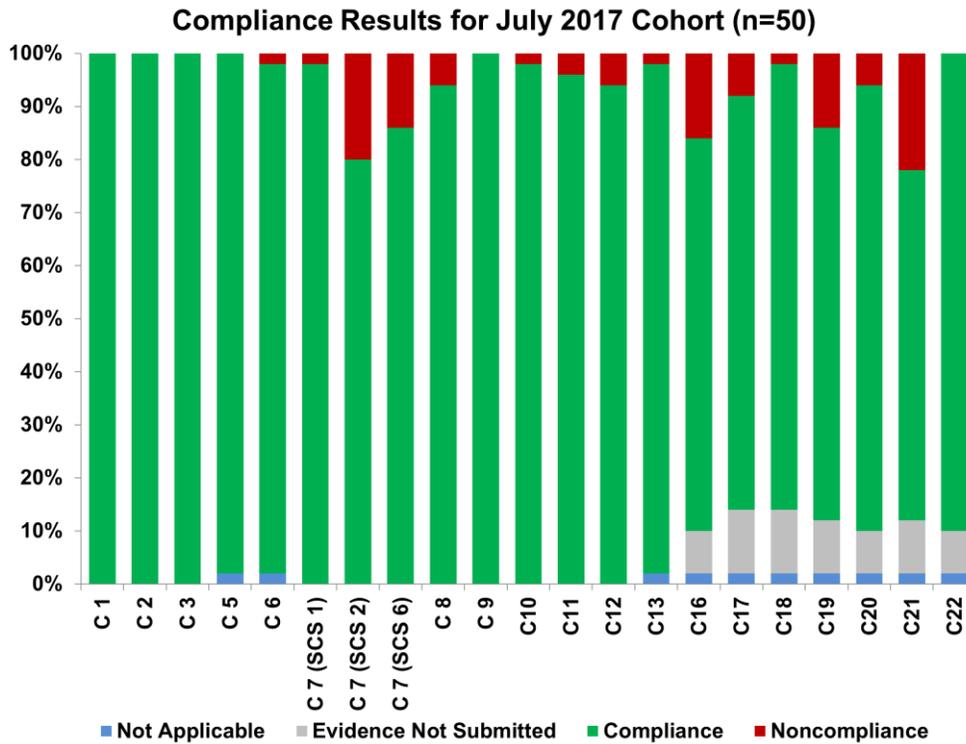
**EXECUTIVE SUMMARY OF THE JULY 2017 MEETINGS OF THE  
ACCME BOARD OF DIRECTORS**

**Accreditation Decision Making**

The ACCME ratified 50 accreditation and reaccreditation decisions. This included 18 providers that received **Accreditation with Commendation** (36%), which confers a 6-year term of accreditation. Thirty (60%) received **Accreditation**; 16 of these providers (32%) are required to submit progress reports; 14 (28%) do not need to submit progress reports. One provider (2%) was placed on **Probation** and is required to submit progress reports. There was 1 initial applicant, which received **Provisional Accreditation** (2% of the total; 100% of initial applicants).

The Board ratified 15 **progress report** decisions. Of those, 9 (60%) progress reports demonstrated compliance with all ACCME requirements previously found not in compliance. Six progress reports (40%) did not yet demonstrate compliance in all requirements.

As of July 2017, there are 692 ACCME-accredited and jointly accredited providers and 1,115 providers accredited by [ACCME Recognized Accreditors](#) (state or territory medical societies that are [recognized](#) by the ACCME as accreditors of intrastate CME providers).



In the figure above, please note that compliance results for Accreditation Criteria 4, 14, and 15 have been removed. These criteria were eliminated as part of the February 2014 changes to [simplify](#) the accreditation requirements and process. Beginning with the March 2014 cohort, providers have not been evaluated for any of the requirements that have been eliminated.

## **Joint Accreditation for Interprofessional Continuing Education™**

The ACCME ratified decisions for 12 providers applying for accreditation and reaccreditation for [Joint Accreditation for Interprofessional Continuing Education™](#). Eleven new applicants successfully achieved Joint Accreditation; one provider received reaccreditation. The Board ratified 5 progress report decisions; all progress reports were accepted. The ACCME is one of the accreditors that collaborate on a single pathway to accreditation (along with the American Nurses Credentialing Center and the Accreditation Council for Pharmacy Education) for organizations that offer interprofessional continuing education (IPCE). With these decisions, there are currently 54 jointly accredited providers. There are 9 more applicants with decisions due in the fall.

## **Substantial Equivalency**

The ACCME recognized the substantial equivalency of the Council on Optometric Practitioner Education (COPE). The recognition builds on the long-standing relationship between the ACCME and COPE. The substantial equivalency framework facilitates the recognition of substantial equivalency between CE accreditors and the ACCME. The framework defines substantial equivalency as a relationship between accreditors based on shared principles and values, while recognizing and accepting differences.

## **AMA/ACCME Simplification and Alignment**

The Board approved the proposed [simplification and alignment](#) of requirements for accredited CME activities certified for *AMA PRA Category 1 Credit™* that was described in the joint AMA/ACCME April 2017 call for comment. The vast majority of respondents to the call for comment strongly endorsed the proposal and agreed that it would give them sufficient opportunity to innovate and evolve their CME programs. The Board expressed support for a draft process for monitoring providers' compliance with the aligned requirements on behalf of the AMA. The monitoring process will be integrated into the existing accreditation process to make it efficient and seamless for providers.

## **Complaints Process and Content Validation Policies**

The Board modified the ACCME's [process for handling complaints](#) to reflect the current approach to evaluating complaints related to the content validation policies. The modification states that if the ACCME determines that an objective review of content is necessary, it will seek independent content reviews by at least two clinicians with relevant content expertise who have completed ACCME's disclosure and conflict of interest process. The provider has the option to obtain its own independent content review. Information about the independent reviews will be presented to a committee or subcommittee of the Board of Directors. The purpose of the modification is to be transparent and explicit about the ACCME's approach, and to delineate the steps the ACCME takes to ensure a fair and effective process for evaluating complaints about content validity.

## **Strategic Planning Retreat**

The Board conducted a strategic planning retreat to engage in visioning exercises, discuss high level goals, and identify measures of success for the coming years. Directors expressed strong support for the ACCME's current trajectory and encouraged executive leadership to continue to develop the ACCME's role as leader and collaborator. Priorities for the future, among others, include developing robust data systems and promoting the value of accredited CME. The Board, in collaboration with executive leadership, will reflect on and refine the strategic plan at future meetings.

## **Elections**

The Board elected the following Directors as its 2018 officers: William Rayburn, MD, MBA; Chair; Hal Jenson, MD, MBA; Vice Chair; and Gary Filerman, MHA, PhD; Treasurer.

The Board elected the following Board and Committee members:

### **Board of Directors**

Carol Berkowitz, MD	Hal Jenson, MD, MBA	Jeffrey Mallin, MD
Arlene Bierman, MD, MS	Jeffrey Levine, PhD	Lewis Nelson, MD
Gary Filerman, MHA, PhD	Sandhya Malhotra, MD	

### **Accreditation Review Committee**

Peter Aran, MD	Crystal Gyiraszin	Janine Shapiro, MD
Rebecca Daniel, MD	Timothy Holder, MD	Sarah Shimer, MPH
Edwin Dellert, RN, MBA	Linda Santos	

### **Committee for Review and Recognition**

Patrice Hirning, MD      Sandhya Malhotra, MD