

## Substantial Equivalency

ACCME's Substantial Equivalency program facilitates the recognition of a CME/CPD accreditation system as being substantially equivalent with the continuing medical education accreditation system of the ACCME based upon an assessment of how the other system meets the expectations of the *Consensus on Basic Values and Responsibilities Underlying the Substantial Equivalency of CME and CPD Systems* (see page 3). While a significant amount of commonality would be expected in Substantial Equivalency, some differences would also be expected and accepted.

The accreditor would be considered substantially equivalent if,

1. As the basis for accreditation activities, there is an explicit set of performance requirements that requires providers to:
  - a. Use educational needs data as the basis for educational planning,
  - b. Measure the effectiveness of their CME activities,
  - c. Ensure that the content of CME activities meets accepted standards of scientific integrity and is consistent with common and/or local practice, and
  - d. Ensure that activities are free of commercial bias and beyond the control of persons or organizations with commercial interests.
2. Accreditation decision-making is implemented and based on data and information relevant to the explicit performance requirements (as in 1a-d).
3. A mechanism is in place which allows for collection, storage and retrieval of the data and information necessary for the administration and evaluation of the accreditation process.

## PROCESS

Our process begins with an assessment of eligibility. To begin that process, please submit an official letter (to [info@accme.org](mailto:info@accme.org) using the subject line “Substantial Equivalency”), on organization letterhead, expressing interest in engaging in our process and attaching documentation that includes:

- an overview of your accreditation program,
- your accreditation requirements,
- a list of the organizations or activities you currently accredit, and
- any other materials you deem pertinent to your submission.

ACCME’s assessment of eligibility will be communicated back to you once we have had a chance to review all necessary materials.

Organizations deemed eligible to apply for Substantial Equivalency would then engage in our three-part application process:

- Questionnaire—Completion of ACCME’s Substantial Equivalency questionnaire. (See pages 4-6 for a draft/sample questionnaire. A final questionnaire is transmitted to applicants deemed eligible.)
- Fee—Applying for Substantial Equivalency incurs fees that cover ACCME’s costs associated with the review process.
- Survey—ACCME senior staff meets with your leadership to discuss your program and review your application.

The ACCME makes decisions three times a year (March, July, December), and these decisions are criterion-referenced and based upon detailed information submitted by you and confirmed through our survey process.

Successful completion of this process results in a four-year, renewable term of Substantial Equivalency, and the following annual requirements are then in place to maintain the status of Substantial Equivalency:

- An annual report, due by January 31<sup>st</sup> of each year, that:
  - ✓ details the accreditation activity of the preceding year, and
  - ✓ identifies any material changes to your continuing medical education accreditation requirements or processes related to the ACCME’s Substantial Equivalency requirements.
- Payment of an annual Maintenance of Substantial Equivalency Fee.

# Consensus on Basic Values and Responsibilities Underlying the Substantial Equivalency of CME and CPD Systems

## 1. VALUES

**CME/CPD systems should be based on the following enduring values.**

1.1	Continuing medical education and life-long learning that enhances physician performance and thereby improves the health of people.
1.2	Continuing medical education and life-long learning that is based on information concerning the educational needs of physicians with the ultimate aim of helping them improve health.

## 2. RESPONSIBILITIES IN THE SYSTEM

### Responsibilities of CME/CPD Accrediting Bodies

2.1	Accrediting organizations must demonstrate fairness, validity, innovation, honesty and consistency in accreditation practices.
2.2	Accrediting organizations must demonstrate reasonable standards and criteria for CME/CPD providers/organizers.
2.3	Accrediting organizations must demonstrate accountability, responsiveness, and leadership.
2.4	Accrediting organizations must demonstrate that the accreditation process includes verification that the required responsibilities of providers/organizers are carried out.
2.5	Accrediting organizations must demonstrate the promotion of continuous quality improvement of the accreditation process as well as the education systems it supports.
2.6	Accrediting organizations must demonstrate collaboration and partnership between and among accreditation bodies, and between accreditation bodies and providers/organizers.

### Responsibilities of the learner—to be fulfilled in order to claim credit

2.7	Learners have responsibility for participating in CME/CPD that is based on their individual educational needs.
2.8	Learners have responsibility for ensuring that the needs are relevant to their professional practice and development aimed at improving patient care and health.
2.9	Learners have responsibility for evaluating the extent to which their needs have been met, in the context of a change in knowledge, competence or performance.
2.10	Learners have responsibility for verifying that mechanisms are in place to keep educational activities free of commercial bias.

### Responsibilities of the provider/organizer of CME/CPD activities—to be fulfilled in order to grant credit

2.11	Any commercial sponsorship or interests of the activity planner, presenters, or facilitators must be disclosed to the provider/organizer, the learners and the accrediting bodies.
2.12	Any support, sponsorship or funding by commercial healthcare organizations must not influence the structure or content of the educational activity and should be made clear to the participants and the accrediting bodies.
2.13	The provider/organizer must ensure there are outcome measures of education effectiveness expressed in terms of meeting the knowledge, competence or performance objectives of the activity.
2.14	The provider/organizer must be able to make available a confirmation of participation, at a frequency and nature appropriate to regulatory requirements.
2.15	The provider/organizer must ensure that the learning objectives are specifically defined in terms of knowledge, competence or performance, and are appropriate for the target audience.
2.16	The provider/organizer must ensure that the teaching methods used are appropriate to the stated learning objectives.
2.17	The provider/organizer must be able to show that they have evaluated the quality of any previous education activities and have made improvements, where necessary.



Please limit your responses to each question. The purpose of these questions is to elicit from you a comprehensive set of data and information that covers the range of issues important to the ACCME. It provides us with an opportunity to get an understanding of how you meet the expectations of the “Consensus on Basic Values and Responsibilities Underlying the Substantial Equivalency of CME and CPD Systems.”

The information will be augmented by a face-to-face interview between ACCME and your representatives. We ask that you limit your written responses to make it possible for the ACCME to easily review this submission and to prepare for the interview phase.

## OVERVIEW

Please provide a one-page overview description of your accreditation system, organization and process.

## VALUES *(Regarding 1.1, 1.2)*

1. Please provide a brief narrative that will help the ACCME understand how you think your CME/CPD accreditation system (e.g. requirements, processes, outcomes) enhances physician performance and thereby improves the health of patients.

## SYSTEM

**Fairness, validity, innovation, honesty and consistency in accreditation practices.** *(Regarding 2.1, 2.4)*

2. Fair accreditation decisions, or outcomes, are not arbitrary, but rather they are based on norm-referenced or criterion-referenced decision-making. This means that any two providers with the same facts and circumstances receive equivalent accreditation decisions.  
  
Describe how your accreditation system ensures that providers with equivalent findings receive equivalent decisions and that providers receive the accreditation findings they deserve. We are looking for information that describes a standardized decision-making process that includes internal controls that ensure the process is followed.
3. Describe/list what your system requires the CME/CPD providers/organizations to submit as evidence/proof that their performance actually meets the standard set by your accreditation requirements. We would like to know what data and information derived from the CME/CPD providers’ actual performance-in-practice are used as the basis of your accreditation decisions – as opposed to basing accreditation decisions just on the providers’ description of what they do.

**Accountability, responsiveness and leadership.** *(Regarding 2.3)*

4. CME/CPD systems are accountable in various ways to various stakeholders. List the organizations to which your system is accountable and how this accountability is manifest. (e.g., Do you report to them? Do your accreditation standards reflect their needs?)

**The promotion of continuous quality improvement of the accreditation process as well as the education systems it supports.** *(Regarding 2.5)*

5. Describe any improvements to your accreditation system that have been implemented in the last 3 years.
6. Describe how your system motivates or encourages the accredited providers to improve.

**Collaboration and partnership between and among accreditation bodies, and between accreditation bodies and providers/organizations.** *(Regarding 2.6)*

7. Organizations do not operate in a vacuum. Describe what your system has done in collaboration with other national or international CME/CPD organizations.

## REQUIREMENTS AND STANDARDS

**Participating in CME/CPD that is based on their individual educational needs.** *(Regarding 2.7)*

**Ensuring that the needs are relevant to their professional practice and development aimed at improving patient care and health.** *(Regarding 2.8)*

8. Describe and show how your CME/CPD accreditation system requires that the learners' practice-based educational needs are incorporated into the planning and creation of CME/CPD. (e.g., What requirements exist to ensure that practice-based educational needs are incorporated? What processes are in place that allow for the evaluation of whether practice-based educational needs are incorporated into the planning and creation of CME/CPD?)

**Evaluating the extent to which their needs have been met, in the context of a change in knowledge, competence or performance.** *(Regarding 2.9)*

9. Describe how your CME/CPD accreditation system ensures that the learners' educational needs have been met. (e.g., requirements, the review process)

**Ensure that the learning objectives/outcomes/expected results are specifically defined in terms of knowledge, competence or performance and are appropriate for the target audience.** *(Regarding 2.15)*

10. Describe how your CME/CPD accreditation system stipulates what the nature of learning outcomes must be [e.g., learner competence (strategies, abilities), learner performance, patient outcomes, process improvement, or population health outcomes].

**Be able to show that [the accredited provider] has evaluated the quality of any previous education activities and have made improvements where necessary.** *(Regarding 2.17)*

11. Show (i.e., describe and verify with documentation) that the accredited CME/CPD provider/organizations (a) evaluate past activities and (b) make improvements if the evaluation data shows a need for improvement.

**Ensure there are outcome measures of education effectiveness expressed in terms of meeting the knowledge, competence or performance objectives of the activity.** *(Regarding 2.13)*

12. Show (i.e., describe and verify with documentation) that the accredited CME/CPD provider/organizations measure education outcome effectiveness in terms of meeting the knowledge, competence or performance objectives of an activity.

**Ensure that the teaching methods used are appropriate to the expected results of the CME activity.** *(Regarding 2.16)*

13. Show (i.e., describe and verify with documentation) that the accredited CME/CPD provider/organizations use appropriate teaching methods.

## DISCLOSURE

**Commercial interests establish personal financial relationships with some individuals (ex., as payment for advisory roles, promotional speaking, personal grants for education or research). These same commercial interests sometimes give commercial support (i.e., in-kind or monetary grants to organizations to pay for all or part of the expenses associated with a CME/CPD activity). Any financial relationships (e.g., commercial support or personal financial relationships) of the activity planner, presenters, or facilitators must be disclosed to the provider/organizer, the learners and the accrediting bodies.** *(Regarding 2.11)*

14. Show (i.e., describe and verify with documentation) that your system requires that CME/CPD provider/organizations have processes for disclosing all the financial relationships, or interests, an activity planner, a presenter or a facilitator may have with any commercial interests – and that this information is disclosed to the learners prior to the activity.

**Any commercial support (i.e., sponsorship or funding by commercial interests) must be made clear to the participants and the accrediting bodies.** *[Regarding 2.12 (part 2)]*

15. Show (i.e. describe and verify with documentation) where your requirements and your CME accreditation process system ensures that CME/CPD provider/organizations require and implement a mechanism to disclose the presence of commercial support to learners.

## INDEPENDENCE

**A hallmark of accredited CME/CPD within the ACCME system is that the (a) identification of CME needs; (b) determination of educational objectives; (c) selection and presentation of content; (d) selection of all persons and organizations that will be in a position to control the content of the CME; (e) selection of educational methods; and (f) evaluation of the activity are all done free of the control of any ACCME-defined commercial interest. We do this to prevent commercial bias and to ensure the professional independence of the CME process.**

16. Describe what your CME/CPD accreditation system does to ensure independence.

## IDENTIFICATION AND RESOLUTION OF PERSONAL CONFLICT OF INTEREST

**People control the content of accredited CME/CPD (e.g., teachers, authors, planners, facilitators). Commercial interests establish personal financial relationships with some of these same individuals (ex., as payment for advisory roles, promotional speaking, personal grants for education or research). The ACCME has determined that any financial relationships of the activity planner, presenters, or facilitators that relate directly to the content of the planned accredited education cause a conflict of interest that must be resolved (e.g., addressed, managed, mitigated) by the provider.**

Describe what your CME/CPD accreditation system does to,

17. Identify conflict of interest in CME.
18. Resolve conflict of interest in CME.

## SEPARATION OF ACCREDITED EDUCATION FROM A COMMERCIAL INTEREST'S PROMOTION OF THEIR PRODUCTS

**Commercial interests promote their products in several ways (e.g., advertisements in print or in video format); live promotional events (e.g., booths in exhibit halls or lectures paid for and designed by industry).**

19. Describe what your CME/CPD accreditation system does to ensure that a commercial interest's promotion of its products is physically and educationally separated from accredited education.

## COMMERCIAL BIAS

**Any support, sponsorship or funding by commercial interests must not influence the structure or content of the educational activity. [Regarding 2.12 (Part 1)] Even if there is no commercial support, mechanisms must be in place to keep educational activities free of commercial bias. (Regarding 2.10)**

Describe what your CME/CPD accreditation system does to,

20. Prevent the insertion of commercial bias into CME activities.
21. Detect bias before, during or after the content is presented to the learners.

**Reasonable standards and criteria for CME/CPD providers/organizations. (Regarding 2.2)**

22. Reasonable standards can be met by CME/CPD providers/organizations. Show us your data on the proportions of success among your providers in meeting your requirements.

## CONFIRMATION OF PARTICIPATION

**Be able to make available a confirmation of participation at a frequency and nature appropriate to regulatory requirements. (Regarding 2.14)**

23. Show (i.e., describe and verify with documentation) that your providers/organizers have process(es) to maintain records of learner participation appropriate to regulatory requirements.