Menu of Criteria for Accreditation with Commendation
Transition Report

We are pleased to announce that the transition phase for the Menu of Criteria for Accreditation with Commendation has concluded. In this report, we include background information, data from the two-year transition period of decision-making under the menu, lessons learned, and minor modifications we have made to simplify and clarify the standards and critical elements of a few criteria. Please note that none of the criteria have been changed.

We appreciate the contributions of the continuing medical education (CME) community to developing and implementing the Menu of Criteria for Accreditation with Commendation, and we congratulate all the CME providers that have applied and plan to apply for commendation. The leadership, staff, and volunteers of the ACCME and Recognized Accreditors are working hard to support the continued, successful adoption of the criteria and the evolution of educational strategies to reflect best practices.

Please visit our commendation resources webpage for more information. If you have questions, we are happy to help; contact us at info@accme.org.

Background
In September 2016, following several years of extensive discussions with the CME community, we released the Menu of Criteria for Accreditation with Commendation—our mechanism for recognizing and celebrating organizations that excel as CME providers. The evolved criteria reflect the values, principles, and aspirations that the community of educators shared with us and incorporate recommendations from a diverse range of stakeholders about how to advance CME’s role in the changing health environment and leverage the power of education to improve healthcare.

The Menu of Criteria for Accreditation with Commendation is designed to:

- Encourage and reward accredited CME providers for implementing best practices in pedagogy, engagement, evaluation, and change management, and for focusing on generating meaningful outcomes
- Serve as a guidepost for the future of CME, recognizing the achievements of organizations that advance interprofessional collaborative practice, address public health priorities, create behavioral change, show leadership, leverage educational technology, and demonstrate the impact of education on healthcare professionals and patients
The menu is made up of 16 commendation criteria, divided into five categories:

- Promotes Team-based Education
- Addresses Public Health Priorities
- Enhances Skills
- Demonstrates Educational Leadership
- Achieves Outcomes

To be eligible for Accreditation with Commendation, CME providers are required 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. Providers achieving commendation receive a six-year accreditation term, rather than the four years granted to those that achieve accreditation. As with the previous commendation criteria (Criteria 16–22), compliance with the menu is optional for CME providers and is not required to achieve accreditation.

To support the CME community’s implementation of the menu, we provided — and continue to provide — educational resources and training for our stakeholders. We established a two-year transition phase, during which providers had the option of demonstrating compliance with the previous commendation criteria or the new menu. Now that the transition phase has concluded, providers seeking to achieve commendation need to comply with the Menu of Criteria for Accreditation with Commendation.

**Observations and Analysis**

During the transition phase, from November 2017 through November 2019:

- 28 ACCME-accredited providers applied for commendation under the menu; eight of those (30%) were successful.
- 17 state-accredited providers applied for commendation under the menu; six of those (35%) were successful.

This success rate compares favorably to the initial two years (2006–2008) of the previous criteria for commendation, when the success rate was less than 10%.

One group of providers has completed the accreditation review process following the transition phase. In the group of providers receiving decisions in March 2020, 41 were eligible to apply for commendation; of those, 16 (39%) applied and five were successful.
The menu structure was designed to create flexibility, reflect the diversity of the CME community, and offer a pathway for all CME provider types to achieve Accreditation with Commendation. Early data shows that this approach is succeeding at achieving these aims:

- All provider types have successfully achieved commendation.
- Each of the criteria has been selected by at least one provider.
- At least one ACCME-accredited provider has been found in compliance with each of the criteria.

**Figure 1. Numbers of CME providers applying for commendation, by criterion, by provider type, November 2017–November 2019. Numbers include ACCME-accredited and state-accredited providers.**
Table 1: Commendation Menu Selections—Numbers and percentages of providers applying and succeeding by criterion, November 2017–November 2019

<table>
<thead>
<tr>
<th>Criterion number</th>
<th>Criterion Name</th>
<th>Number of ACCME-accredited providers that applied</th>
<th>Success rate for ACCME-accredited providers that applied</th>
<th>Number of state-accredited providers that applied</th>
<th>Success rate for state-accredited providers that applied</th>
</tr>
</thead>
<tbody>
<tr>
<td>C23</td>
<td>Engages interprofessional teams</td>
<td>25</td>
<td>64%</td>
<td>16</td>
<td>63%</td>
</tr>
<tr>
<td>C24</td>
<td>Engages patients/public</td>
<td>8</td>
<td>50%</td>
<td>6</td>
<td>50%</td>
</tr>
<tr>
<td>C25</td>
<td>Engages students of health professions</td>
<td>15</td>
<td>47%</td>
<td>8</td>
<td>50%</td>
</tr>
<tr>
<td>C26</td>
<td>Incorporates health/practice data</td>
<td>14</td>
<td>57%</td>
<td>11</td>
<td>82%</td>
</tr>
<tr>
<td>C27</td>
<td>Addresses population health</td>
<td>17</td>
<td>76%</td>
<td>13</td>
<td>77%</td>
</tr>
<tr>
<td>C28</td>
<td>Collaborates effectively</td>
<td>24</td>
<td>88%</td>
<td>12</td>
<td>58%</td>
</tr>
<tr>
<td>C29</td>
<td>Optimizes learners’ communication skills</td>
<td>7</td>
<td>86%</td>
<td>5</td>
<td>60%</td>
</tr>
<tr>
<td>C30</td>
<td>Optimizes learners’ technical/procedural skills</td>
<td>15</td>
<td>67%</td>
<td>4</td>
<td>75%</td>
</tr>
<tr>
<td>C31</td>
<td>Creates individualized learning plans</td>
<td>5</td>
<td>20%</td>
<td>2</td>
<td>50%</td>
</tr>
<tr>
<td>C32</td>
<td>Utilizes support strategies</td>
<td>11</td>
<td>73%</td>
<td>6</td>
<td>83%</td>
</tr>
<tr>
<td>C33</td>
<td>Engages in research/scholarship</td>
<td>10</td>
<td>80%</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>C34</td>
<td>Supports CPD for CME team</td>
<td>20</td>
<td>95%</td>
<td>10</td>
<td>70%</td>
</tr>
<tr>
<td>C35</td>
<td>Demonstrates creativity/innovation</td>
<td>24</td>
<td>100%</td>
<td>9</td>
<td>100%</td>
</tr>
<tr>
<td>C36</td>
<td>Improves performance</td>
<td>20</td>
<td>50%</td>
<td>4</td>
<td>25%</td>
</tr>
<tr>
<td>C37</td>
<td>Improves healthcare quality</td>
<td>12</td>
<td>75%</td>
<td>11</td>
<td>73%</td>
</tr>
<tr>
<td>C38</td>
<td>Improves patient/community health</td>
<td>4</td>
<td>50%</td>
<td>5</td>
<td>60%</td>
</tr>
</tbody>
</table>

Lessons Learned

As shown in table 1, the rate of compliance exceeds the rate of noncompliance for most of the criteria. To assist providers, we have identified common reasons for noncompliance.

The provider:

- Did not address all critical elements in each example submitted
- Did not submit the number of examples required for the organization’s program size
- Did not submit evidence of compliance with eight criteria, including at least one from the Achieves Outcomes category (C36-C38)

Here are common reasons for noncompliance with individual criteria:

- C23: Engages interprofessional teams. The provider did not demonstrate changes in the competence and/or performance of the healthcare team. Demonstrating changes in individual learners’ performance or competence is not sufficient for this criterion.
- C25: Engages students of health professions. The provider did not include students as both planners and faculty.
- C26: Incorporates health/practice data. The provider did not demonstrate teaching about data. It is not sufficient to only incorporate health and practice data in the activity.
- C28: Addresses population health. The provider addressed individual learner changes without demonstrating the impact on population health.
- C31: Creates individualized learning plans. The provider did not demonstrate longitudinal tracking of learners and/or providing formative feedback to learners.
- C34: Supports CPD for CME team. The provider’s plan for the continuing professional development for the CME team was not based on team needs. Providers must assess the CPD needs of the team.
- C36: Improves performance. The provider did not measure learners’ performance change. It is not sufficient to measure learners’ changes in competence or their plans to improve their performance.
- C37: Improves healthcare quality; C38: improves patient/community health. The provider did not demonstrate that the improvements were connected to the CME program.

**Modifications**

During the transition phase, we sought feedback from providers, surveyors, and the Accreditation Review Committee (ARC) about implementing the criteria. As expected, we made minor modifications to the critical elements and standards in a few of the criteria to respond to suggestions, increase clarity and fairness, and streamline the process for all involved. These edits are shown below. Please note that none of the criteria have been changed.

*Edits are shown below in bolded blue italics. Deletions are shown in bolded red strikethrough.*

**C30:** The provider designs CME to optimize technical and procedural skills of learners.

**Problem:** The term “technical and procedural skills” is not always understood by providers to mean “psychomotor skills.” Several providers received noncompliance because they offered examples of teaching cognitive skills.

**Solution:** We edited the rationale and critical elements to clarify the technical and procedural skills described in this criterion are psychomotor skills.

**Rationale:** Technical and procedural skills *that are psychomotor in nature* are essential to many aspects of professional practice, and need to be learned, updated, reinforced, and reassessed. Some examples of these skills are operative skill, device use, procedures, physical examination, specimen preparation, resuscitation, and critical incident management. This criterion recognizes providers that offer CME to help learners gain, retain, or improve technical and/or procedural skills.

**Critical Elements:**
- Provides CME addressing *psychomotor* technical and/or procedural skills AND
- Includes an evaluation of observed (e.g., in person or video) *psychomotor* technical and/or procedural skill AND
- Provides formative feedback to the learner about *psychomotor* technical and/or procedural skill

**C33**: The provider engages in CME research and scholarship.

**Problem**: The standard requires that providers submit descriptions of “at least two” projects completed during the accreditation term. Some providers submitted more than two projects, not all of which met the critical elements. In these cases, surveyors and ARC members had to assess which two examples might be in compliance. This gave some providers more opportunities to demonstrate compliance and created extra work for providers, surveyors, and ARC members.

**Solution**: We edited the standard to limit submission to two projects completed during the accreditation term.

**Standard**: At review, submit description of at least two projects completed during the accreditation term and the dissemination method used for each.

**C36**: The provider demonstrates improvement in the performance of learners.

**Problem**: The standard requires that providers “demonstrate that in at least 10% of activities the majority of learners improved.” In early reviews, some providers included large amounts of data, creating additional work for the providers, surveyors, and ARC members. To address this, the ACCME changed the self-study report outline to align with other criteria that require providers to attest to meeting the critical elements of the criterion in 10% of their activities along with specific examples; the number of required examples is commensurate with the size of the organization.

**Solution**: We aligned the standard of this criterion with the standards for other criteria that require evidence for a percentage of activities based on the provider’s program size.

**Standard**: Demonstrate that in at least 10% of activities the majority of learners’ performance improved. Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this number of activities: *

- S: 2; M: 4; L: 6; XL: 8

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

**C37**: The provider demonstrates healthcare quality improvement.

**Problem**: The standard requires that providers demonstrate healthcare quality improvement related to the CME program at least twice during the accreditation term. Some providers submitted more than two examples, not all of which met the critical elements. In these cases, surveyors and ARC members had to assess which two examples might be in compliance. This gave some providers more opportunities to demonstrate compliance and created extra work for providers, surveyors, and ARC members.
**Problem:** The standard requires that providers demonstrate improvement in patient or community health in areas related to the CME program at least twice during the accreditation term. Some providers submitted more than two projects, not all of which met the critical elements. In these cases, surveyors and ARC members had to assess which two examples might be in compliance. This gave some providers more opportunities to demonstrate compliance and created extra work for providers, surveyors, and ARC members.

**Solution:** We limited submission to two examples.

**Standard:** Demonstrate healthcare quality improvement related to the CME program at least twice during the accreditation term.

**C38:** The provider demonstrates the impact of the CME program on patients or their communities.

**Standard:** Demonstrate improvement in patient or community health in areas related to the activities of the CME program at least twice during the accreditation term.
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<th>Rationale</th>
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<tr>
<td><strong>C23</strong> Promotes Team-Based Education</td>
<td>Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE). 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.</td>
<td>□ 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.</td>
<td>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this number of activities:* S: 2; M: 4; L: 6; XL: 8</td>
</tr>
<tr>
<td><strong>C24</strong></td>
<td>Patient/public representatives are engaged in the planning and delivery of CME. 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.</td>
<td>□ Includes planners who are patients and/or public representatives AND □ Includes faculty who are patients and/or public representatives</td>
<td>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this number of activities.* S: 2; M: 4; L: 6; XL: 8</td>
</tr>
<tr>
<td><strong>C25</strong></td>
<td>Students of the health professions are engaged in the planning and delivery of CME. 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.</td>
<td>□ Includes planners who are students of the health professions AND □ Includes faculty who are students of the health professions</td>
<td>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this number of activities.* S: 2; M: 4; L: 6; XL: 8</td>
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<td><strong>Addresses Public Health Priorities</strong></td>
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<tr>
<td>C26</td>
<td>The provider advances the use of health and practice data for healthcare improvement.</td>
<td>The collection, analysis, and synthesis of health and practice data/information derived from the care of patients can contribute to patient safety, practice improvement, and quality improvement. Health and practice data can be gleaned from a variety of sources; some examples include electronic health records, public health records, prescribing datasets, and registries. This criterion will recognize providers that use these data to teach about health informatics and improving the quality and safety of care.</td>
<td>☐ Teaches about collection, analysis, or synthesis of health/practice data AND ☐ Uses health/practice data to teach about healthcare improvement</td>
</tr>
<tr>
<td>C27</td>
<td>The provider addresses factors beyond clinical care that affect the health of populations.</td>
<td>This criterion recognizes providers for expanding their CME programs beyond clinical care education to address factors affecting the health of populations. Some examples of these factors include health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population’s physical environment.</td>
<td>☐ Teaches strategies that learners can use to achieve improvements in population health</td>
</tr>
<tr>
<td>C28</td>
<td>The provider collaborates with other organizations to more effectively address population health issues.</td>
<td>Collaboration among people and organizations builds stronger, more empowered systems. This criterion recognizes providers that apply this principle by building collaborations with other organizations that enhance the effectiveness of the CME program in addressing community/population health issues.</td>
<td>☐ Creates or continues collaborations with one or more healthcare or community organization(s) AND ☐ Demonstrates that the collaborations augment the provider’s ability to address population health issues</td>
</tr>
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<td><strong>Enhances Skills</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C29</td>
<td>The provider designs CME to optimize communication skills of learners.</td>
<td>☐ Provides CME to improve communication skills AND ☐ Includes an evaluation of observed (e.g., in person or video) communication skills AND ☐ Provides formative feedback to the learner about communication skills</td>
<td>At review, submit evidence for this number of activities:* S: 2; M: 4; L: 6; XL: 8</td>
</tr>
<tr>
<td></td>
<td>Communication skills are essential for professional practice. Communication skills include verbal, nonverbal, listening, and writing skills. Some examples are communications with patients, families, and teams; and presentation, leadership, teaching, and organizational skills. This criterion recognizes providers that help learners become more self-aware of their communication skills and offer CME to improve those skills.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C30</td>
<td>The provider designs CME to optimize technical and procedural skills of learners.</td>
<td>☐ Provides CME addressing psychomotor technical and/or procedural skills AND ☐ Includes an evaluation of observed (e.g., in person or video) psychomotor technical and/or procedural skill AND ☐ Provides formative feedback to the learner about psychomotor technical and/or procedural skill</td>
<td>At review, submit evidence for this number of activities:* S: 2; M: 4; L: 6; XL: 8</td>
</tr>
<tr>
<td></td>
<td>Technical and procedural skills that are psychomotor in nature are essential to many aspects of professional practice, and need to be learned, updated, reinforced, and reassessed. Some examples of these skills are operative skill, device use, procedures, physical examination, specimen preparation, resuscitation, and critical incident management. This criterion recognizes providers that offer CME to help learners gain, retain, or improve technical and/or procedural skills.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C31</td>
<td>The provider creates individualized learning plans for learners.</td>
<td>☐ Tracks the learner’s repeated engagement with a longitudinal curriculum/plan over weeks or months AND ☐ Provides individualized feedback to the learner to close practice gaps</td>
<td>At review, submit evidence of repeated engagement and feedback for this number of learners:* S: 25; M: 75; L: 125; XL: 200</td>
</tr>
<tr>
<td></td>
<td>This criterion recognizes providers that develop individualized educational planning for the learner; customize an existing curriculum for the learner; track learners through a curriculum; or work with learners to create a self-directed learning plan where the learner assesses their own gaps and selects content to address those gaps. The personalized education needs to be designed to close the individual’s professional practice gaps over time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C32</td>
<td>The provider utilizes support strategies to enhance change as an adjunct to its CME.</td>
<td>☐ Utilizes support strategies to enhance change as an adjunct to CME activities AND ☐ Conducts a periodic analysis to determine the effectiveness of the support strategies, and plans improvements</td>
<td>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.</td>
</tr>
<tr>
<td></td>
<td>This criterion recognizes providers that create, customize, or make available supplemental services (e.g., reminders) and/or resources (e.g., online instructional material, apps) that are designed to reinforce or sustain change.</td>
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</tr>
</tbody>
</table>

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<tbody>
<tr>
<td><strong>Demonstrates Educational Leadership</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C33</td>
<td>The provider engages in CME research and scholarship.</td>
<td>☐ Conducts scholarly pursuit relevant to CME AND ☐ Submits, presents, or publishes a poster, abstract, or manuscript to or in a peer-reviewed forum</td>
<td>☐ At review, submit description of two projects completed during the accreditation term and the dissemination method used for each.</td>
</tr>
<tr>
<td></td>
<td>Engagement by CME providers in the scholarly pursuit of research related to the effectiveness of and best practices in CME supports the success of the CME enterprise. Participation in research includes developing and supporting innovative approaches, studying them, and disseminating the findings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C34</td>
<td>The provider supports the continuous professional development of its CME team.</td>
<td>☐ Creates a CME-related continuous professional development plan for all members of its CME team AND ☐ Learning plan is based on needs assessment of the team AND ☐ Learning plan includes some activities external to the provider AND ☐ Dedicates time and resources for the CME team to engage in the plan</td>
<td>☐ At review, submit description showing that the plan has been implemented for the CME team during the accreditation term.</td>
</tr>
<tr>
<td></td>
<td>The participation of CME professionals in their own continuing professional development (CPD) supports improvements in their CME programs and advances the CME profession. This criterion recognizes providers that enable their CME team to participate in CPD in domains relevant to the CME enterprise. The CME team are those individuals regularly involved in the planning and development of CME activities, as determined by the provider.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C35</td>
<td>The provider demonstrates creativity and innovation in the evolution of its CME program.</td>
<td>☐ Implements an innovation that is new for the CME program AND ☐ The innovation contributes to the provider’s ability to meet its mission.</td>
<td>☐ At review, submit descriptions of four examples during the accreditation term.</td>
</tr>
<tr>
<td></td>
<td>This criterion recognizes CME providers that meet the evolving needs of their learners by implementing innovations in their CME program in areas such as education approaches, design, assessment, or use of technology.</td>
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<tbody>
<tr>
<td>Achieves Outcomes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C36</strong></td>
<td>The provider demonstrates improvement in the performance of learners.</td>
<td>☐ Measures performance changes of learners AND ☐ Demonstrates improvements in the performance of learners</td>
<td>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this number of activities:* S: 2; M: 4; L: 6; XL: 8</td>
</tr>
<tr>
<td><strong>C37</strong></td>
<td>The provider demonstrates healthcare quality improvement.</td>
<td>☐ Collaborates in the process of healthcare quality improvement AND ☐ Demonstrates improvement in healthcare quality</td>
<td>☐ Demonstrate healthcare quality improvement related to the CME program twice during the accreditation term.</td>
</tr>
<tr>
<td><strong>C38</strong></td>
<td>The provider demonstrates the impact of the CME program on patients or their communities.</td>
<td>☐ Collaborates in the process of improving patient or community health AND ☐ Demonstrates improvement in patient or community outcomes</td>
<td>☐ Demonstrate improvement in patient or community health in areas related to the CME program twice during the accreditation term.</td>
</tr>
</tbody>
</table>

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