



**Accreditation Council**<sup>™</sup>  
for Continuing Medical Education

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# **Standards for Integrity and Independence in Accredited Continuing Education**

**Released December 2020**

## **Information Package**



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# Message from the President and CEO

## Reflecting Our Community's Values

Trust is core to the value of accredited continuing education. Clinicians, patients, and the public must be able to trust that accredited education is delivering scientifically accurate knowledge and training, free from industry manipulation and influence. With the newly evolved Standards for Integrity and Independence in Accredited Continuing Education, we continue to fulfill that trust.



We developed the new Standards, which evolved from the Standards for Commercial Support, through a two-year, inclusive process of dialogue and consensus-building with you, our continuing education community. Together, we identified new and existing challenges related to managing the complex issues of disclosure and the separation of education and marketing in a rapidly evolving healthcare environment. We worked to create rules that are clear, understandable, relevant, and effective. Because of your high level of engagement, the Standards reflect our shared values as a community dedicated to quality education. We thank all of you who participated in the revision process.

We are proud that the new Standards have been adopted by accrediting bodies representing multiple health professions. Although each health profession represents different perspectives and experiences, we are united in our commitment to ensuring that accredited continuing education serves the public trust. The new Standards not only continue to assure the delivery of high-quality educational experiences, but also sustain the protection from industry bias and marketing that accreditation rules deliver.

With the evolved Standards, the ACCME, our colleague accreditors, and the community of accredited organizations stand with our learner communities. We will continue to deliver on our promise to offer trusted learning that helps clinicians and teams provide safe, effective, and compassionate care.

We realize that the new Standards mean changes for your work and your programs, for your faculty, committees, and learners. That's why we scheduled a one-year transition phase. I encourage you to review the Standards and the resources we provided and begin working on your transition plan. Remember that we are here to help. Email us at [info@accme.org](mailto:info@accme.org) with your questions and your ideas for how we can best support you.

We look forward to working together to successfully transition to the new Standards for Integrity and Independence in Accredited Continuing Education in support of accredited providers, educators, clinicians and teams, and the patients and communities we all serve.

A handwritten signature in black ink that reads "Graham McMahon". The signature is fluid and cursive, with a long horizontal line extending from the end.

Graham McMahon, MD, MMSc  
President and Chief Executive Officer  
Accreditation Council for Continuing Medical Education (ACCME®)

## Accrediting Bodies That Have Adopted the Standards

The newly evolved Standards for Integrity and Independence in Accredited Continuing Education reflect the values of the continuing education community and have been adopted by six accrediting bodies representing multiple health professions. Independence from industry is the cornerstone of accredited continuing education. By achieving consensus on the Standards, these accrediting bodies in the health professions stand together, not only to continue to assure the delivery of high-quality learning experiences, but also to sustain the protection from industry bias and marketing that accreditation rules deliver. We invite additional accrediting bodies and regulators to consider adopting or endorsing the Standards. Please contact us at [info@accme.org](mailto:info@accme.org) for more information.



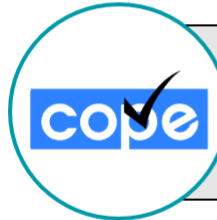
Accreditation Council for  
Continuing Medical Education  
(ACCME)



American Nurses Credentialing  
Center (ANCC)



Accreditation Council for  
Pharmacy Education (ACPE)



Association of Regulatory  
Boards of Optometry's Council  
on Optometric Practitioner  
Education (ARBO/COPE)



American Academy of Family  
Physicians (AAFP)



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# Introduction

## Purpose

The new Standards for Integrity and Independence in Accredited Continuing Education evolved from the Standards for Commercial Support: Standards to Ensure Independence in CME **Activities**<sup>SM</sup>, which were first adopted in 1992 and updated in 2004. The goal of the revision process was to streamline, clarify, and modernize the Standards, and ensure their continued relevance and effectiveness in the changing healthcare environment.

## What We Heard

The new Standards were developed through a two-year, inclusive process of dialogue and consensus-building with stakeholders. Based on the feedback we received, we issued a draft set of Standards for comment in January 2020. Many of the responses indicated that the draft, revised Standards were simpler, clearer, and met our goal of continuing to ensure that accredited continuing education is independent, free of marketing, and based on valid content. Respondents offered insightful suggestions for how to make the Standards more useful and understandable to health professionals, planners, faculty, and other stakeholders. We made a number of edits based on those suggestions. Respondents also encouraged us to work with other stakeholders in the regulatory community to align disclosure expectations in order to simplify the disclosure process for continuing education providers, faculty members, researchers, and authors. We thank all of you who participated in this process.

For more background information, please see the [Call for Comment Information Package](#) and the [Executive Summary](#) of the responses.

## Key Changes

Here are the key changes to the final Standards that we made in response to the feedback on the draft Standards.

### Disclosure

- To create greater alignment with stakeholders, we **extended the disclosure period from 12 months to 24 months**. This timeframe aligns with the recommendations in the report [Harmonization of Financial Disclosure in Biomedical Journals: A Shared Responsibility: Recommendations from the Working Groups on Harmonization](#), published July 2020, coordinated by the Association of American Medical Colleges (AAMC), American Society of Clinical Oncology (ASCO), Council of Medical Specialty Societies (CMSS), JAMA, and Memorial Sloan Kettering Cancer Center. The timeframe also aligns with the Canadian [National Standard for Support of Accredited CPD Activities](#).
- The requirement that individuals disclose the financial relationships of their spouse/partner was **removed**. We understand from privacy experts, particularly those in Europe and some states in the US, that requiring disclosure of spouse or partner relationships could create privacy challenges.

## Commercial support

- We removed the proposed requirement prohibiting joint providers from paying or reimbursing expenses to individuals such as faculty.

## Ancillary marketing and nonaccredited activities

- We defined how much time (30-minute interval) must separate accredited activities and marketing or nonaccredited activities if they are held in the same educational space.

Please see the Standards at a Glance section and the full text of the Standards for more information.

## Transition Phase

We recognize that it will take time for accrediting bodies, accredited educational providers, faculty, volunteers, and other stakeholders to prepare to meet the expectations of the new Standards. To facilitate the transition, we created the following timeline.

- **Requirements that have been removed:** Accredited providers can immediately stop complying with requirements that have been removed. These requirements are noted in the At a Glance Section, under Standard 3.
- **Requirements that are new or changed:** Accredited providers will be expected to comply with new or changed requirements by **January 1, 2022**. We expect to begin measuring compliance after the transition phase. The new or changed requirements are noted in the At a Glance Section.

**Note:** This transition phase applies to providers that are ACCME-accredited, state-accredited, or jointly accredited. Providers accredited by other accrediting bodies that have adopted the Standards should contact their accreditor for information about the timeline.

## Resources

We have produced resources to support the continuing education community's successful transition to the new Standards. Please visit the new standards resources page [www.accme.org/standards-resources](http://www.accme.org/standards-resources) for links to FAQ and an [implementation toolkit](#), including sample forms, checklists, and templates. The new Standards are included in this package and posted at [www.accme.org/standards](http://www.accme.org/standards).

What resources would help you, your leadership, your committees, your faculty, or your learners understand the new Standards? We welcome your suggestions! Contact us at [info@accme.org](mailto:info@accme.org).

## Reorganization of the Accreditation Criteria

The release of the New Standards culminates the multiyear process of simplification and evolution of the accreditation requirements. Now that the process is complete, we simplified the organization and naming of the Accreditation Criteria. Please see the section on Reorganization of the Accreditation Criteria for more information.

## We're Here to Help

Please contact us at [info@accme.org](mailto:info@accme.org) with your questions.

## New Standards at a Glance

This section briefly describes the differences between the new Standards and the former Standards for Commercial Support and related policies.

### Structure

- **New name** to reflect the scope and intent of the Standards.
- **Preamble** to explain the principles and purpose of the Standards and the role of accredited continuing education providers in ensuring that accredited education serves the needs of patients.
- **Eligibility Section** includes updated definitions and lists of organizations that are eligible and ineligible for accreditation, and clarification about how corporate structure (parent and subsidiary companies) affects eligibility.
- **New structure** beginning with Standards applicable to all accredited continuing education, followed by the Standards applicable to education that is commercially supported and education that includes ancillary activities.
- **Policies** have been integrated into the Standards to provide all relevant requirements in one document.
- **Definitions** have been simplified and integrated into the Standards. Terms used for the first time are written in blue italics, followed by the definition of the term.
- **Brief introductions** to each Standard describe its overall purpose and when it is applicable.

### New Terms

- **Eligible organizations:** Organizations that are eligible to be accredited in the ACCME System.
- **Ineligible companies:** Organizations that are not eligible for accreditation. These organizations were referred to as *commercial interests* in the Standards for Commercial Support. The new term is intended to clarify that eligibility for accreditation is not based on whether an organization is for-profit or nonprofit but is based on its primary mission and function. **Please note** the definition as well as the term for ineligible companies has been updated from the Standards for Commercial Support. See the eligibility section.
- **Mitigate:** The term *mitigate* replaces *resolve*, in guidance related to relevant financial relationships, to clarify that accredited providers are expected to mitigate the potential effect of these relationships on accredited continuing education. The expectation hasn't changed, only the term used to describe it.
- **Accredited continuing education:** The term accredited *continuing education* replaces *continuing medical education* to be inclusive of all health professions. We include *accredited* to explicitly differentiate between accredited and nonaccredited education providers and education.

## Standard 1: Ensure Content Is Valid

- **Replaces** the CME Clinical Content Validation Policy
- **Clarifies** that education is an appropriate place to explore new and evolving topics but must not advocate for, or promote, those approaches. See Standard 1.3.

## Standard 2: Prevent Commercial Bias and Marketing in Accredited Continuing Education

- Updates and simplifies the guidance for independence.
- **New:** Prohibits faculty from marketing or selling their products or services. See Standard 2.2.
- **New:** Accredited providers must receive consent from learners before sharing their names or contact information with ineligible companies or their agents. See Standard 2.3.

## Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships

- **New:** Accredited providers must collect disclosure information from those in control of content about **all** their financial relationships with ineligible companies. It is the accredited provider's responsibility to determine which relationships are relevant.
- **New:** Individuals must disclose relationships with ineligible companies within the prior **24** months (changed from the current requirement of 12 months). See Standard 3.1.
- **Removed:** Individuals no longer need to disclose the financial relationships of their spouse or partner.
- **Simplified** definition of relevant financial relationships. See Standard 3.1.
- **Clarifies** that research grants from ineligible companies are financial relationships that should be disclosed, even if the funds go to the researcher's institution and not to the individual researcher. See Standard 3.1b.
- **Clarifies** that owners or employees of ineligible companies must be excluded from controlling content. Includes exceptions to this exclusion. See Standard 3.2.
- **Simplified** guidance on identifying, mitigating, and disclosing relevant financial relationships. See Standards 3.3–3.5.
- **New:** When disclosing relevant financial relationships to learners, accredited providers must include a statement that all relevant financial relationships have been mitigated. See Standard 3.5d.
- **New:** Exception for education that is nonclinical or where the learner group is in control of content, such as spontaneous case conversations among peers, or self-directed learning.

### Disclosure Requirements That Have Been Removed

Effective immediately, accredited providers no longer need to:

- Collect disclosure information from individuals in control of content about the relevant financial relationships of their spouses or partners.
- Identify, mitigate, or disclose relevant financial relationships for nonclinical activities, activities where the learner group is in control of content, or self-directed activities.
- Disclose to learners the absence of relevant financial relationships for nonclinical activities, activities where the learner group is in control of content, or self-directed activities.



## Standard 4: Manage Commercial Support Appropriately

- Simplified guidance about decision-making, documentation, accountability, and disclosure to learners.
- Clarifies that accredited providers can sign onto an existing commercial support agreement. See Standard 4.2.

## Standard 5: Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education

- Simplified, updated guidance about the separation of accredited and nonaccredited education, as well as the separation of education and marketing by ineligible companies.
- Clarifies that learners must be able to easily distinguish between accredited education and other activities, such as nonaccredited continuing education and marketing by ineligible companies. See Standard 5.2.
- **New:** There must be a 30-minute interval in the educational space between accredited activities and marketing or nonaccredited activities. See Standard 5.2a.

## Standards for Integrity and Independence in Accredited Continuing Education

The health professions are not only defined by expertise, but also by a dedication to put service of others above self-interest. When individuals enter the healthcare professions, they commit to upholding professional and ethical standards including acting in a patient's best interests, protecting the patient from harm, respecting the patient, fostering informed choices, and promoting equity in healthcare.

While the interests of healthcare and business sometimes diverge, both are legitimate, and collaboration between healthcare professionals and industry can advance patient care. Since healthcare professionals serve as the legally mandated gatekeepers of medications and devices, and trusted authorities when advising patients, they must protect their learning environment from industry influence to ensure they remain true to their ethical commitments.

As the stewards of the learning environment for healthcare professionals, the accredited continuing education community plays a critical role in navigating the complex interface between industry and the health professions. Organizations accredited to provide continuing education, known as accredited providers, are responsible for ensuring that healthcare professionals have access to learning and skill development activities that are trustworthy and are based on best practices and high-quality evidence. These activities must serve the needs of patients and not the interests of industry.

This independence is the cornerstone of accredited continuing education. Accredited continuing education must provide healthcare professionals, as individuals and teams, with a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.

The Accreditation Council for Continuing Medical Education (ACCME<sup>®</sup>) acts as the steward of the Standards for Integrity and Independence in Accredited Continuing Education, which have been drafted to be applicable to accredited continuing education across the health professions. The Standards are designed to:

- Ensure that accredited continuing education serves the needs of patients and the public.
- Present learners with only accurate, balanced, scientifically justified recommendations.
- Assure healthcare professionals and teams that they can trust accredited continuing education to help them deliver safe, effective, cost-effective, compassionate care that is based on best practice and evidence.
- Create a clear, unbridgeable separation between accredited continuing education and marketing and sales.

Terms used for the first time are written in *blue italics*, followed by the definition for the term.

## Eligibility

The ACCME is committed to ensuring that accredited continuing education (1) presents learners with only accurate, balanced, scientifically justified recommendations, and (2) protects learners from promotion, marketing, and commercial bias. To that end, the ACCME has established the following guidance on the types of organizations that may be eligible to be accredited in the ACCME System. The ACCME, in its sole discretion, determines which organizations are awarded ACCME accreditation.

### Types of Organizations That May Be Accredited in the ACCME System

Organizations eligible to be accredited in the ACCME System (*eligible organizations*) are those whose mission and function are: (1) providing clinical services directly to patients; or (2) the education of healthcare professionals; or (3) serving as fiduciary to patients, the public, or population health; and other organizations that are not otherwise ineligible. Examples of such organizations include:

- Ambulatory procedure centers
- Blood banks
- Diagnostic labs that do not sell proprietary products
- Electronic health records companies
- Government or military agencies
- Group medical practices
- Health law firms
- Health profession membership organizations
- Hospitals or healthcare delivery systems
- Infusion centers
- Insurance or managed care companies
- Nursing homes
- Pharmacies that do not manufacture proprietary compounds
- Publishing or education companies
- Rehabilitation centers
- Schools of medicine or health science universities
- Software or game developers

### Types of Organizations That *Cannot* Be Accredited in the ACCME System

Companies that are ineligible to be accredited in the ACCME System (*ineligible companies*) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of such organizations include:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

### Owners and Employees of Ineligible Companies

The *owners* and *employees* of ineligible companies are considered to have unresolvable financial relationships and must be excluded from participating as planners or faculty, and must not be allowed to influence or control any aspect of the planning, delivery, or evaluation of accredited continuing education, except in the limited circumstances outlined in Standard 3.2.

Owners and employees are individuals who have a legal duty to act in the company's best interests. Owners are defined as individuals who have an ownership interest in a company, except for stockholders of publicly traded companies, or holders of shares through a pension or mutual fund. Employees are defined as individuals hired to work for another person or business (the employer) for compensation and who are subject to the employer's direction as to the details of how to perform the job.

Ineligible companies are prohibited from engaging in *joint providership* with accredited providers. Joint providership enables accredited providers to work with nonaccredited eligible organizations to deliver accredited education.

The ACCME determines eligibility for accreditation based on the characteristics of the organization seeking accreditation and, if applicable, any parent company. Subsidiaries of an ineligible parent company cannot be accredited regardless of steps taken to firewall the subsidiaries. If an eligible parent company has an ineligible subsidiary, the owners and employees of the ineligible subsidiary must be excluded from accredited continuing education except in the limited circumstances outlined in Standard 3.2.

## Standard 1: Ensure Content is Valid

Standard 1 applies to all accredited continuing education.

Accredited providers are responsible for ensuring that their education is fair and balanced and that any clinical content presented supports safe, effective patient care.

1. All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
2. All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
3. Although accredited continuing education is an appropriate place to discuss, debate and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
4. Organizations cannot be accredited if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

## Standard 2: Prevent Commercial Bias and Marketing in Accredited Continuing Education

Standard 2 applies to all accredited continuing education.

Accredited continuing education must protect learners from commercial bias and marketing.

1. The accredited provider must ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company.
2. Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
3. The accredited provider must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.

## Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships

Standard 3 applies to all accredited continuing education.

Many healthcare professionals have financial relationships with ineligible companies. These relationships must not be allowed to influence accredited continuing education. The accredited provider is responsible for identifying **relevant financial relationships** between individuals in control of educational content and ineligible companies and managing these to ensure they do not introduce commercial bias into the education. Financial relationships of any dollar amount are defined as relevant if the educational content is related to the business lines or products of the ineligible company.

Accredited providers must take the following steps when developing accredited continuing education. Exceptions are listed at the end of Standard 3.

1. **Collect information:** Collect information from all planners, faculty, and others in control of educational content about **all** their financial relationships with ineligible companies within the prior **24** months. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education. Disclosure information must include:
  - a. The name of the ineligible company with which the person has a financial relationship.
  - b. The nature of the financial relationship. Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.
2. **Exclude owners or employees of ineligible companies:** Review the information about financial relationships to identify individuals who are owners or employees of ineligible companies. These individuals must be excluded from controlling content or participating as planners or faculty in accredited education. There are three exceptions to this exclusion—employees of ineligible companies can participate as planners or faculty in these specific situations:
  - a. When the content of the activity is not related to the business lines or products of their employer/company.
  - b. When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
  - c. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.
3. **Identify relevant financial relationships:** Review the information about financial relationships to determine which relationships are relevant. Financial relationships are relevant if the educational content an individual can control is related to the business lines or products of the ineligible company.
4. **Mitigate relevant financial relationships:** Take steps to prevent all those with relevant financial relationships from inserting commercial bias into content.
  - a. Mitigate relationships prior to the individuals assuming their roles. Take steps appropriate to the role of the individual. For example, steps for planners will likely be different than for faculty and would occur before planning begins.
  - b. Document the steps taken to mitigate relevant financial relationships.

5. **Disclose all relevant financial relationships to learners:** Disclosure to learners must include each of the following:
  - a. The names of the individuals with relevant financial relationships.
  - b. The names of the ineligible companies with which they have relationships.
  - c. The nature of the relationships.
  - d. A statement that all relevant financial relationships have been mitigated.

**Identify ineligible companies by their name only.** Disclosure to learners must not include ineligible companies' corporate or product logos, trade names, or product group messages.

**Disclose absence of relevant financial relationships.** Inform learners about planners, faculty, and others in control of content (either individually or as a group) with no relevant financial relationships with ineligible companies.

**Learners must receive disclosure information, in a format that can be verified at the time of accreditation, before engaging with the accredited education.**

**Exceptions:** Accredited providers do **not** need to identify, mitigate, or disclose relevant financial relationships for any of the following activities:

1. Accredited education that is non-clinical, such as leadership or communication skills training.
2. Accredited education where the learner group is in control of content, such as a spontaneous case conversation among peers.
3. Accredited self-directed education where the learner controls their educational goals and reports on changes that resulted, such as learning from teaching, remediation, or a personal development plan. When accredited providers serve as a source of information for the self-directed learner, they should direct learners only to resources and methods for learning that are not controlled by ineligible companies.

## Standard 4: Manage Commercial Support Appropriately

Standard 4 applies only to accredited continuing education that receives financial or in-kind support from ineligible companies.

Accredited providers that choose to accept **commercial support** (defined as financial or in-kind support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education. The support does not establish a financial relationship between the ineligible company and planners, faculty, and others in control of content of the education.

1. **Decision-making and disbursement:** The accredited provider must make all decisions regarding the receipt and disbursement of the commercial support.
  - a. Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
  - b. The accredited provider may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
  - c. The accredited provider must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.
  - d. The accredited provider may use commercial support to defray or eliminate the cost of the education for *all* learners.



2. **Agreement:** The terms, conditions, and purposes of the commercial support must be documented in an agreement between the ineligible company and the accredited provider. The agreement must be executed prior to the start of the accredited education. An accredited provider can sign onto an existing agreement between an accredited provider and a commercial supporter by indicating its acceptance of the terms, conditions, and amount of commercial support it will receive.
3. **Accountability:** The accredited provider must keep a record of the amount or kind of commercial support received and how it was used, and must produce that accounting, upon request, by the accrediting body or by the ineligible company that provided the commercial support.
4. **Disclosure to learners:** The accredited provider must disclose to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education. Disclosure must not include the ineligible companies' corporate or product logos, trade names, or product group messages.

## Standard 5: Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education

Standard 5 applies only when there is marketing by ineligible companies or nonaccredited education associated with the accredited continuing education.

Accredited providers are responsible for ensuring that education is separate from marketing by ineligible companies—including advertising, sales, exhibits, and promotion—and from nonaccredited education offered in conjunction with accredited continuing education.

1. Arrangements to allow ineligible companies to market or exhibit in association with accredited education must not:
  - a. Influence any decisions related to the planning, delivery, and evaluation of the education.
  - b. Interfere with the presentation of the education.
  - c. Be a condition of the provision of financial or in-kind support from ineligible companies for the education.
2. The accredited provider must ensure that learners can easily distinguish between accredited education and other activities.
  - a. Live continuing education activities: Marketing, exhibits, and nonaccredited education developed by or with influence from an ineligible company or with planners or faculty with unmitigated financial relationships must not occur in the educational space within 30 minutes before or after an accredited education activity. Activities that are part of the event but are not accredited for continuing education must be clearly labeled and communicated as such.
  - b. Print, online, or digital continuing education activities: Learners must not be presented with marketing while engaged in the accredited education activity. Learners must be able to engage with the accredited education without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisement.
  - c. Educational materials that are part of accredited education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.
  - d. Information distributed about accredited education that does not include educational content, such as schedules and logistical information, may include marketing by or for an ineligible company.
3. Ineligible companies may not provide access to, or distribute, accredited education to learners.

# Reorganization of the ACCME Accreditation Criteria

The release of the Standards for Integrity and Independence in Accredited Continuing Education culminates the multiyear process of simplification and evolution of the accreditation requirements. Reflecting feedback from the accredited continuing education community, this process included:

- Elimination of several accreditation criteria to streamline the requirements and remove redundancy.
- Introduction of the Menu of Criteria for Accreditation with Commendation to encourage best practices, create flexibility, reflect the diversity of the CME community, and offer a pathway for all types of accredited organizations to achieve commendation.
- Release of the Standards for Integrity and Independence in Accredited Continuing Education to streamline, clarify, and modernize the previous Standards, and ensure their continued relevance and effectiveness in the changing healthcare environment.

Now that the process is complete, we simplified the organization and naming of the Accreditation Criteria. The changes are described below, and the new structure is included on the following pages.

## Reorganization at a Glance

- **Eliminated Accreditation Criteria 7-10:** These criteria referred to the Standards for Commercial Support. To simplify, we removed the redundancy of embedding the Standards in the Accreditation Criteria.
- **New structure:** The Core Accreditation Criteria (formerly Criteria 1–13) are reorganized and grouped into topic areas to better reflect the Plan Do Study Act (PDSA) cycle, which is the foundation of the criteria. We refer to these as the *core* criteria to differentiate them from the commendation criteria.
- **Keywords, not numbers:** We replaced the numbering system with keywords to more clearly identify the purpose of each criterion. This change applies to the Core Accreditation Criteria and the Menu of Criteria for Accreditation with Commendation.
- **No changes to the Core Accreditation Criteria:** There are *no* changes to the wording or expectations of the Core Accreditation Criteria (formerly Criteria 1–13), except for the removal of Criteria 7-10 and replacement of numbers with keywords, as described above.
- **Menu of Criteria for Accreditation with Commendation:** There are *no* changes to the commendation criteria, except that the numbers have been replaced with keywords, as described above. As before, compliance with the menu is an *option*, not a requirement.
- **Compliance expectations:** Providers will be evaluated for compliance with the Core Accreditation Criteria, applicable Standards for Integrity and Independence in Accredited Continuing Education, and applicable policies.
- **Data entry:** We plan to update the Program and Activity Reporting System (PARS) and the accreditation management system in spring 2021 to reflect these changes.



## Accreditation Criteria

Initial applicants seeking to achieve Provisional Accreditation, a two-year term, must comply with the following Core Accreditation Criteria: Mission, Program Analysis, Educational Needs, Designed to Change, and Analyzes Change.

Providers seeking Accreditation, a four year-year term, must comply with all the Core Accreditation Criteria. Accredited providers also have the option to seek Accreditation with Commendation, a six-year term. See the explanation below.

All providers must comply with the applicable Standards for Integrity and Independence in Accredited Continuing Education and applicable policies.

Core Accreditation Criteria	
CME Mission and Program Improvement	
Mission	The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program. (formerly Criterion 1)
Program Analysis	The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions. (formerly Criterion 12)
Program Improvements	The provider identifies, plans and implements the needed or desired changes in the overall program (eg, planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission. (formerly Criterion 13)

Educational Planning and Evaluation	
Educational Needs	The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners. (formerly Criterion 2)
Designed to Change	The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement. (formerly Criterion 3)
Appropriate Formats	The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. (formerly Criterion 5)
Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies). (formerly Criterion 6)
Analyzes Change	The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions. (formerly Criterion 11)

## Menu of Criteria for Accreditation with Commendation (optional)

To be eligible for Accreditation with Commendation, CME providers must demonstrate compliance with all of the Core Accreditation Criteria, in addition to eight criteria from the commendation menu. Choosing from the menu, providers need 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.

All providers must demonstrate compliance with the applicable Standards for Integrity and Independence in Accredited Continuing Education and applicable policies.

### Promotes Team-based Education

Engages Teams	Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE). (formerly Criterion 23)
Engages Patients/Public	Patient/public representatives are engaged in the planning and delivery of CME. (formerly Criterion 24)
Engages Students	Students of the health professions are engaged in the planning and delivery of CME. (formerly Criterion 25)

### Addresses Public Health Priorities

Advances Data Use	The provider advances the use of health and practice data for healthcare improvement. (formerly Criterion 26)
Addresses Population Health	The provider addresses factors beyond clinical care that affect the health of populations. (formerly Criterion 27)
Collaborates Effectively	The provider collaborates with other organizations to more effectively address population health issues. (formerly Criterion 28)

### Enhances Skills

Optimizes Communication Skills	The provider designs CME to optimize communication skills of learners. (formerly Criterion 29)
Optimizes Technical/Procedural Skills	The provider designs CME to optimize technical and procedural skills of learners. (formerly Criterion 30)
Creates Individualized Learning Plans	The provider creates individualized learning plans for learners. (formerly Criterion 31)
Utilizes Support Strategies	The provider utilizes support strategies to enhance changes as an adjunct to its CME. (formerly Criterion 32)

### Demonstrates Educational Leadership

Engages in Research/Scholarship	The provider engages in CME research and scholarship. (formerly Criterion 33)
Supports CPD for CME Team	The provider supports the continuous professional development of its CME team. (formerly Criterion 34)
Demonstrates Creativity/Innovation	The provider demonstrates creativity and innovation in the evolution of its CME program. (formerly Criterion 35)

### Achieves Outcomes

Improves Performance	The provider demonstrates improvement in the performance of learners. (formerly Criterion 36)
Improves Healthcare Quality	The provider demonstrates healthcare quality improvement. (formerly Criterion 37)
Improves Patient/Community Health	The provider demonstrates the impact of the CME program on patients or their communities. (formerly Criterion 38)