

# Guide to Your ACCME Decision

## For Providers in the November 2021 Cohort

### Table of Contents

<b>Introduction .....</b>	<b>2</b>
Your Decision .....	2
Accessing Your Decision.....	2
<b>Accreditation Status .....</b>	<b>3</b>
<b>Provisional Accreditation.....</b>	<b>3</b>
Accreditation Statement .....	3
Activity Review .....	3
Reporting CME Activity Data.....	3
Annual Accreditation Fee .....	4
<b>Accreditation with Commendation .....</b>	<b>4</b>
<b>Accreditation .....</b>	<b>4</b>
<b>Probation .....</b>	<b>4</b>
<b>Nonaccreditation.....</b>	<b>4</b>
<b>Progress Report Required .....</b>	<b>5</b>
<b>Your Accreditation Responsibilities .....</b>	<b>6</b>
<b>Accredited Provider Mark .....</b>	<b>7</b>

# Introduction

## Your Decision

Upon completing the initial accreditation, reaccreditation, or progress report review process, your organization will receive an individualized ACCME decision in the ACCME's Program and Activity Reporting System (PARS). The decision is the ACCME's formal notification of your organization's accreditation status and accreditation term. The decision summarizes the ACCME's findings related to your compliance with the [Accreditation Requirements](#). The decision will indicate if other actions are required, such as a progress report for providers receiving reaccreditation or progress report decisions or an activity review for providers receiving initial accreditation decisions. The decision might also contain specific language that explains the ACCME's findings for some requirements.

## Accessing Your Decision

You will access your organization's decision report from your PARS dashboard. The screenshots below will guide you to the information you need to review the decision. Click on the "HISTORY" tab, where you will see the most recent decision at the top, including your new term's expiration date. Next, click on "View Decision Report" to see the detail of your decision, including compliance findings and, if applicable, descriptions of performance for the ACCME criteria and policies reviewed.



The screenshot shows the ACCME Program and Activity Reporting System (PARS) dashboard. The top navigation bar includes the ACCME logo, the title 'Program and Activity Reporting System (PARS)', and user options for Email, Notifications (15), and Me. The main navigation menu includes Home, Profile, Processes, Instruments, Forms, Notifications, Documents, History (selected), and Contact Us. Below the navigation, there is a section for 'Organization Decisions' with a dropdown arrow. A table displays the following information:

DECISION	EFFECTIVE DATE	EXPIRATION DATE
ACCREDITATION - Reaccreditation December 1st, 2015 <a href="#">View Compliance Findings</a> <a href="#">View Decision Report</a>	December 2nd, 2015	December 31st, 2018

## Decision Report Findings

In your decision report, there will be findings in the following categories for each criterion and policy:

**Compliance (C):** The provider fulfilled the ACCME's requirements for the specific criterion or policy.

**Noncompliance (NC):** The provider did not fulfill the ACCME's requirements for the specific criterion or policy.

**Evidence Not Submitted (EN):** The provider did not submit evidence for specific criteria or policies that are not required. For example, providers applying for reaccreditation must meet the requirements of the [Core Accreditation Criteria](#) (formerly Criteria 1–13) but are not required to demonstrate compliance with the Criteria for Commendation. If the CME provider chose not to submit evidence for the Menu of Commendation Criteria (C23-38), the provider would receive a finding of "evidence not submitted" for these criteria.

**Not Applicable (NA):** The provider was not required to comply with the specific criterion or policy. For example, initial applicants must comply with the following [Core Accreditation Criteria](#): Mission, Program Analysis, Educational Needs, Designed to Change, and Analyzes Change, applicable [Standards for Integrity and Independence in Accredited Continuing Education](#) (formerly Criteria 1-3, 7-12) and applicable [Accreditation Policies](#) to be eligible for Provisional Accreditation and would receive a finding of "Not Applicable" for the criteria, standards, and policies that are not required. All decision reports will indicate a finding of "Not Applicable" for Commendation Criteria (C16-22) that are no longer being reviewed.

# Accreditation Status

The accreditation decision-making process assesses a CME provider's compliance with the [Accreditation Requirements](#). Based on these compliance findings, the ACCME decides on the provider's accreditation status.

## Provisional Accreditation

Initial applicants seeking to achieve Provisional Accreditation, a two-year term, must demonstrate compliance with the specific [Core Accreditation Criteria](#) (Mission, Program Analysis, Educational Needs, Designed to Change, and Analyzes Change) and applicable [Standards for Integrity and Independence in Accredited Continuing Education](#) (formerly Criteria 1-3, 7-12) and applicable [Accreditation Policies](#).

### Accreditation Statement

With Provisional Accreditation, your organization is an ACCME-accredited provider. As an ACCME-accredited provider, your organization is responsible for using the ACCME accreditation statement to identify your organization as the entity responsible for demonstrating compliance with all ACCME accreditation requirements. The [ACCME accreditation statement](#) must appear on CME activity materials and brochures distributed by accredited organizations — with the exception, for example, of save-the-date activity announcements that contain only general, preliminary information about the activity, such as the date, location, and title. If more specific information is included, such as faculty and objectives, you must include the accreditation statement.

### Activity Review

As a newly accredited provider, your organization is required to have an **activity review** to be eligible to advance from Provisional Accreditation to Accreditation. The activity review is in addition to the ACCME's standard performance-in-practice review and entails: 1) the observation of a CME activity of any type, as presented to learners, by an ACCME surveyor or staff member and 2) the observer's completion of the [ACCME Activity Review Form](#). The ACCME will contact your organization to make arrangements for fulfilling this requirement before your next decision.

### Reporting CME Activity Data

Your organization must enter information for all activities, directly or jointly provided, offered under the umbrella of your ACCME accreditation statement and fulfill [year-end reporting requirements](#) in the ACCME's **Program and Activity Reporting System (PARS)**.

### Provider Contact Information

Your organization must maintain current, accurate contact information in PARS to ensure that you receive important policy updates, as well as information specific to your organization. To protect the best interest of all parties, the ACCME generally limits communications to persons identified as authorized contacts by the provider in PARS.

## Annual Accreditation Fee

Your organization is responsible for the timely submission of the fees that are required either to attain or maintain accreditation, including the Annual Accreditation Fee payable by January 31 of each year. Failure to meet ACCME deadlines could result in an immediate change of status to Probation and subsequent consideration by the Board of Directors for a change of status to Nonaccreditation.

## Accreditation with Commendation

Accreditation with Commendation confers a six-year term of accreditation awarded to accredited providers for demonstrating compliance in the [Core Accreditation Criteria](#), applicable [Standards for Integrity and Independence in Accredited Continuing Education](#) (formerly Criteria 1-13), and applicable [Accreditation Policies](#), and in 8 criteria from the [Menu of Commendation Criteria](#), including at least one criterion from the “Achieves Outcomes” category. The ACCME encourages providers that achieve Accreditation with Commendation to publicize this accomplishment within your organizations and to the larger community in which you operate. It is important to the ACCME that the healthcare community is aware of your achievement, the work you do, and of the standards you have met. We have created an [Accreditation with Commendation mark](#) to support your communications. Please see the policies on [ACCME Logo Usage and Publicizing ACCME Accreditation](#).

## Accreditation

Accreditation is the standard four-year term awarded to providers for demonstrating compliance in the [Core Accreditation Criteria](#), applicable [Standards for Integrity and Independence in Accredited Continuing Education](#) (formerly Criteria 1-13), and applicable [Accreditation Policies](#). Providers that receive one or more noncompliance findings in these requirements receive Accreditation with the standard four-year term and are required to submit a [progress report](#).

## Probation

Probation is given to providers that have serious problems meeting the [Accreditation Requirements](#). A provider that receives Probation is required to submit a [progress report](#). Most providers on Probation implement improvements quickly, return to a status of Accreditation, and sustain compliance. Providers cannot remain on Probation for longer than two years. Providers with Accreditation may have their status changed to Probation if their progress reports do not demonstrate correction of noncompliance issues.

## Nonaccreditation

Nonaccreditation decisions are rare but occur in the following circumstances:

- An [initial applicant](#) is not in compliance with any one of the Core Criteria, Standards or Accreditation Policies required to achieve Provisional Accreditation;
- A Provisionally Accredited provider has serious noncompliance issues;
- A provider on Probation fails to bring all areas of noncompliance into compliance in one or more progress reports within two years;
- A provider with a status of Accreditation may, in rare circumstances and for compelling reasons, have its status changed to Nonaccreditation, for example, when a provider has demonstrated recurrent noncompliance in the [Standards for Integrity and Independence in Accredited Continuing Education](#), and/or has received previous decisions of Probation, and/or has engaged in joint providership while on Probation in violation of the [joint providership policy](#).

## Progress Report Required

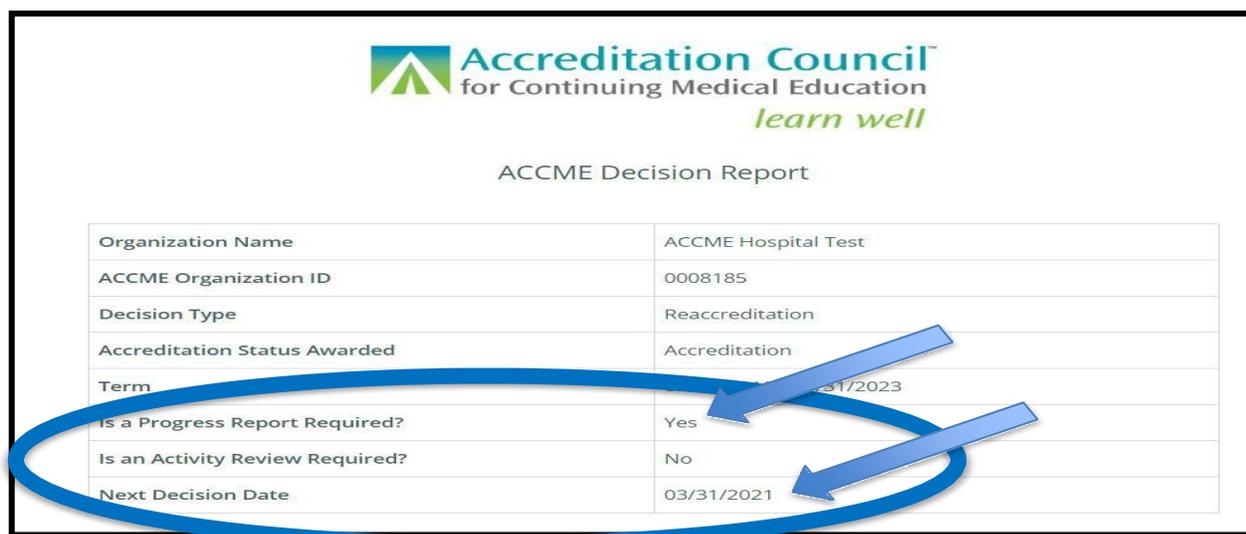
The ACCME expects providers found to be in noncompliance with [Core Accreditation Criteria](#), and/or applicable [Standards for Integrity and Independence in Accredited Continuing Education](#) (formerly Criteria 1-13), and/or applicable [Accreditation Policies](#) are required to demonstrate compliance through the progress report process.

A standard progress report review fee will be required. Please see the [ACCME-accredited provider fee schedule](#). The fee is due upon receipt of the invoice that will be transmitted separately from the decision notification.

A progress report serves as an important opportunity for a provider to demonstrate that it has mechanisms in place to make improvements to its CME program. The requirement to improve is an integral part of the ACCME's accreditation system. If all Core Criteria, Standards or Accreditation Policies that were found to be in noncompliance are not corrected, the ACCME may require another progress report, a focused interview, and/or a change of status may result.

## Determining if a Progress Report is Required

From the "History" tab, click on "View Decision Report" located under the most current accreditation decision. Your decision report will open in a separate browser window. At the top of the compliance grid, you will find additional information related to your decision, including whether your organization is required to submit a progress report and the cohort the progress report will be reviewed.



The screenshot shows the ACCME Decision Report interface. At the top is the ACCME logo with the tagline "learn well". Below the logo is the title "ACCME Decision Report". A table contains the following information:

Organization Name	ACCME Hospital Test
ACCME Organization ID	0008185
Decision Type	Reaccreditation
Accreditation Status Awarded	Accreditation
Term	03/31/2023
Is a Progress Report Required?	Yes
Is an Activity Review Required?	No
Next Decision Date	03/31/2021

A blue circle highlights the "Is a Progress Report Required?" row, and two blue arrows point to the "Yes" and "03/31/2023" cells.

If, as a result of the ACCME's decision, your organization is required to submit a progress report, please download the [ACCME Guide to the Progress Report Process](#) and the [ACCME Progress Report Milestones for November 2021 Cohort Decisions Requiring a Progress Report](#) document for information about the timeline and requirements of the ACCME's progress report process.

# Your Accreditation Responsibilities

The ACCME expects all accredited providers to take an active, ongoing role in maintaining compliance with accreditation requirements, fulfilling their responsibilities, and improving their CME programs during their accreditation terms.

- Maintain compliance with [Accreditation Requirements](#).
- Fulfill [year-end reporting requirements](#) in the Program and Activity Reporting System (PARS).
- Pay accreditation fees in a timely manner, according to [ACCME policy](#).
- Inform the ACCME of [organizational changes](#).
- If requested, provide evidence of your [continuous compliance](#) with the accreditation requirements.

## PLEASE NOTE: REGARDING UPDATES TO ACCME ACCREDITATION REQUIREMENTS ...

In December 2020, the ACCME [announced](#) the new [Standards for Integrity and Independence in Accredited Continuing Education](#) to streamline, clarify, and modernize the Standards, and ensure their continued relevance and effectiveness in the changing healthcare environment. ACCME accredited providers are expected to implement the new Standards by January 1, 2022. The ACCME has produced [resources](#) to support the continuing education community's successful transition to the new Standards.

At the same time that it announced the new Standards for Integrity and Independence in Accredited Continuing Education, the ACCME also took advantage of this opportunity to simplify the organization and naming of the [Accreditation Criteria](#). The Core Accreditation Criteria (formerly Criteria 1–13) are reorganized and grouped into topic areas, replacing the numbering system with keywords to more clearly identify the purpose of each criterion. There are no changes to the wording or expectations of the Accreditation Criteria. Providers will continue to be evaluated for compliance with the [Core Accreditation Criteria](#), applicable [Standards for Integrity and Independence in Accredited Continuing Education](#), and applicable [Accreditation Policies](#). The [Menu of Commendation Criteria](#) is still an option for providers in reaccreditation review seeking Accreditation with Commendation.

Your organization's next reaccreditation will be based on demonstration of compliance with the Standards for Integrity and Independence (formerly Criteria 7-10 and the Clinical Content Validation Policy, applicable Accreditation Policies, and the following Core Accreditation Criteria:

- Mission (formerly Criterion 1)
- Program Analysis (formerly Criterion 12)
- Program Improvements (formerly Criterion 13)
- Educational Needs (formerly Criterion 2)
- Designed to Change (formerly Criterion 3)
- Appropriate Formats (formerly Criterion 5)
- Competencies (formerly Criterion 6)
- Analyzes Change (formerly Criterion 11)

Compliance will continue to be determined based on data from three sources:

- the self-study report that includes narrative descriptions and required document uploads to demonstrate your organization's structure, policies, and processes;
- evidence of performance-in-practice from up to 15 of your organization's CME activities; and,
- the accreditation interview to clarify information/materials submitted and/or identify missing or other information/materials essential to the review.

## Accredited Provider Mark

Providers accredited within the ACCME System (providers directly accredited by the ACCME and those accredited by ACCME Recognized Accreditors) are welcome to use the ACCME Accredited mark for educational and identification purposes, and in [announcements related](#) to their attainment of ACCME accreditation. While the mark may be resized, the original aspect ratio should be maintained (it should not be stretched or condensed in a way that causes it to become distorted). Except for resizing, no other changes can be made. Please refer to the [ACCME's policy on logo usage](#) before downloading or using these images.