

Learn to Thrive 2026

Enhancing Learner Access in Accredited Continuing Medical Education: A Practical Resource Guide for CE Providers

A product of the Learn to Thrive 2025 Working Group *Connecting Learners Intentionally: Best-Practices for Your Accredited CE Activities.*



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Executive Summary

This resource guide provides evidence-based strategies and practical recommendations for accredited continuing education (CE) providers to enhance learner accessibility. Developed by the Accreditation Council for Continuing Medical Education (ACCME®) Working Group, *Connecting Learners Intentionally: Best-Practices for Your Accredited CE Activities*, this guide addresses structural, digital, content-related, and cultural barriers to inclusive education.

***Intended Audience:** Accredited CE providers, educational planners, faculty developers, and institutional leadership.*

Key Recommendations at a Glance (see Appendix B, one-page summary):

1. Plan for accessibility from the start – Integrate universal design principles during initial activity planning
2. Offer multiple learning formats – Provide live, online, and hybrid options to accommodate diverse learner needs
3. Build faculty capacity – Train educators on inclusive teaching practices and accessible content creation
4. Align with accreditation standards – Support commendation criteria of the ACCME and Joint Accreditation for Interprofessional Continuing Education™ (Joint Accreditation) through accessibility initiatives
5. Measure and improve continuously – Collect data on accessibility outcomes and learner satisfaction

Expected Outcomes: Implementation of these practices will increase participation rates among learners with diverse needs, enhance educational quality, support organizational compliance with accessibility standards, and strengthen alignment with accreditation requirements.

Introduction

Learner accessibility in accredited continuing medical education has become a critical priority for healthcare education systems. Barriers to access—whether physical, digital, financial, or cultural—limit participation and reduce the diversity of perspectives in medical education. As the healthcare workforce becomes increasingly diverse and technology enables new learning modalities, CE providers must intentionally design educational activities that are inclusive and accessible to all learners.

The Americans with Disabilities Act (ADA) Title II, which applies to public entities, including many academic medical centers, requires that programs, services, and activities be accessible to individuals with disabilities.¹ Additionally, the ADA's recent web accessibility rule establishes clear standards for digital content, making accessibility not only an ethical imperative but a legal requirement.

This working group convened over a four-month period to develop practical guidance for accredited providers. The group defined key terms related to accessibility and inclusive education, aligned recommendations with ACCME and Joint Accreditation criteria, and identified cost-effective methods for increasing learner access across registration, in-person, and online modalities.

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Planning and Designing with Accessibility from the Start

The most effective and cost-efficient approach to accessibility is to incorporate universal design principles during the initial planning phase of educational activities. Universal Design for Learning (UDL) provides a framework for creating flexible learning environments that accommodate individual learning differences.³

Universal Design Principles

- Use multiple means of representation, engagement, and expression so that all learners can access content, stay motivated, and demonstrate what they know in meaningful ways. Present information in varied formats (text, audio, visual) to support diverse learning preferences
- Offer choice in learning activities and provide options for sustaining effort and persistence
- Allow learners to demonstrate knowledge through various modalities

Diverse Learning Formats

Providing multiple format options ensures that learners can access education regardless of geographic location, schedule constraints, or physical limitations. Evidence suggests that learners benefit from flexible formats, with hybrid models showing particular promise for enhancing engagement and knowledge retention.⁴

- Live in-person activities: Traditional workshops, conferences, and courses with face-to-face interaction
- Synchronous online sessions: Live webinars enabling real-time participation from remote locations
- Asynchronous online modules: Self-paced courses allowing learners to engage on their own schedule
- Hybrid models: Combinations of in-person and online elements to maximize flexibility

Digital Accessibility Standards

All digital educational content should conform to Web Content Accessibility Guidelines (WCAG) 2.1 Level AA standards.⁵ These internationally recognized guidelines ensure content is perceivable, operable, understandable, and robust for all users, including those with disabilities.

Essential digital accessibility features:

- Captions and transcripts: Provide captions for all video content and transcripts for audio materials
- Screen reader compatibility: Ensure proper heading structure, alt text for images, and keyboard navigation
- Color contrast: Maintain minimum contrast ratios (4.5:1 for normal text, 3:1 for large text)
- Document accessibility: Create accessible PDFs, PowerPoint presentations, and Word documents with proper structure

- Responsive design: Ensure content displays appropriately across devices and can be zoomed without loss of functionality
 - Integrate mobile-first design principles such as designing content for mobile devices, prioritizing content, adding touch-friendly interactions, and considering space and layout for clarity. Offering responsive design, low-bandwidth options, offline downloads, or microlearning optimized for mobile could increase accessibility.

The International Association of Accessibility Professionals (IAAP) offers comprehensive training resources through its Certified Professional in Accessibility Core Competencies (CPACC) program.⁶

Registration Process and Accommodation Requests

The registration process provides an early opportunity to identify and address learner needs. Clear communication about available accommodations and a straightforward request process are essential.

Registration Best Practices:

- Include accommodation request options during registration for dietary needs, mobility assistance, visual accommodations, auditory assistance, transportation, and cognitive supports
- Provide clear contact information for accommodation coordinators
- Request accommodation needs at least 2-4 weeks in advance when possible
- Establish a follow-up procedure to confirm accommodation fulfillment
- Maintain confidentiality of accommodation requests in accordance with disability disclosure laws

Clear Learning Objectives and Activity Structure

Well-defined learning objectives help learners understand expectations and enable planners to select appropriate formats and teaching methods. Learning objectives should be specific, measurable, and aligned with learner needs identified through gap analysis. Clear objectives also support learners in making informed decisions about which activities best meet their educational goals.

SECTION RESOURCES

Fact Sheet: New Rule on the Accessibility of Web Content and Mobile Apps Provided by State and Local Governments

<https://www.ada.gov/resources/2024-03-08-web-rule/>

Understanding ADA Title II Web Accessibility Rule

<https://digitalaccessibility.unc.edu/ada-title-ii-info-and-faq/>

University of Rochester: Advancing digital experiences for all

<https://www.rochester.edu/digital-accessibility/>

International Association of Accessibility Professionals

<https://www.accessibilityassociation.org/>

Faculty Development and Platform Selection

Training Faculty on Inclusive Practices

Faculty members are central to delivering accessible education, yet many educators have limited formal training in inclusive teaching practices or creating accessible content. Comprehensive faculty development programs should address both pedagogical approaches and technical skills.⁷

Faculty training should include:

- Creating accessible slide presentations: Using readable fonts, sufficient color contrast, descriptive alt text for images, and logical heading structure
- Inclusive language and case selection: Representing diverse patient populations, avoiding assumptions about learner backgrounds, using person-first or identity-first language as appropriate
- Facilitating inclusive discussions: Creating psychologically safe learning environments, managing power dynamics, ensuring equitable participation
- Responding to accommodation requests: Understanding legal obligations, working with disability services, maintaining confidentiality
- Accessible document creation: Producing accessible Word documents, Adobe Acrobat (PDFs), and online content
- Cultural competence and humility: Recognizing how intersecting identities affect learner experiences, addressing implicit bias
- Include guidance on plain-language design, simplified navigation instructions, reduced jargon, and readability checks. This improves clarity for multilingual learners, international clinicians, early-career professionals, and anyone who benefits from clearer language.

Developing Institutional Champions

Sustainable accessibility improvements require institutional commitment. Identifying and supporting faculty and staff champions can drive engagement and normalize accessibility as a standard practice rather than an accommodation.

Strategies for building champion networks:

- Recruit early adopters who demonstrate commitment to inclusive education
- Provide champions with advanced training and resources
- Create peer consultation systems where champions support colleagues
- Recognize champion contributions through awards, promotion criteria, or other institutional acknowledgment
- Establish communities of practice for ongoing learning and problem-solving

Selecting Accessible Platforms and Technologies

When selecting technology, prioritize accessibility features and WCAG compliance. Before adopting new platforms or tools, conduct accessibility reviews and pilot testing with users who have diverse needs.

Platform evaluation criteria:

Vendor Accessibility Conformance Reports (VPATs) documenting WCAG compliance

Microsoft provides accessibility guideline on its products.

Web Content Accessibility Guidelines (WCAG)

<https://www.microsoft.com/en-us/accessibility/conformance-reports>

The Accessibility Conformance Report (ACR), based on a completed ITI VPAT®, is the leading global reporting format for assisting buyers and sellers in identifying information and communications technology (ICT) products and services with accessibility features.

<https://www.itic.org/policy/accessibility/vpat>

Built-in captioning capabilities or integration with captioning services

- Screen reader compatibility and keyboard navigation support
- Mobile device responsiveness
- Options for adjusting text size, contrast, and playback speed
- Ongoing vendor commitment to accessibility improvements

Assistive technology tools

Several technologies can enhance accessibility with minimal additional cost, including AI-powered captioning services (Otter.ai, Google Meet captions, Microsoft Teams captions), note-taking assistance tools, and read-aloud browser extensions.

SECTION RESOURCES

Montana State University Inclusive Teaching Guides

<https://www.montana.edu/facultyexcellence/teaching-advising/inclusiveguides/>

Agency for Healthcare Research and Quality: How to Identify, Develop, and Support Effective Physician Champions

<https://www.ahrq.gov/evidencenow/tools/physician-champions.html>

Chemnad et al., (2024) Digital accessibility in the era of artificial intelligence—Bibliometric analysis and systematic review

<https://pmc.ncbi.nlm.nih.gov/articles/PMC10905618/>

Implementation Strategies and Practical Approaches

Addressing Common Barriers to Accessibility

Understanding and systematically addressing barriers is essential for creating truly accessible CE programs. Barriers exist at multiple levels—structural, content-related, cultural, and institutional—and often interact in ways that compound their impact on learners from underrepresented or marginalized groups.

Barrier Category	Examples and Solutions
Structural Barriers	<p>Venue accessibility: Ensure physical locations meet ADA standards with ramps, accessible restrooms, appropriate seating, and assistive listening systems. Some providers conduct walk-throughs of the physical space in advance of the education to ensure accessibility. Details are shared with learners before they attend the education.</p> <p>Scheduling conflicts: Offer multiple session times, record live sessions for asynchronous access, consider caregiver responsibilities and religious observances. Some providers offer sessions throughout the day based on their target audience’s availability.</p> <p>Technology gaps: Provide low-bandwidth options, offline access to materials, and technical support for learners with limited digital literacy. Some providers offer optional print-based materials to assist learners.</p>
Content Barriers	<p>Non-inclusive language: Avoid jargon, use gender-neutral language when appropriate, and include diverse representation in cases and examples. Providing examples and explaining concepts and terms help to minimize misunderstandings.</p> <p>Limited relevance: Ensure content reflects diverse patient populations, practice contexts, and geographic regions. Being cognitive of different perspectives ensures a wholistic approach to content development.</p> <p>Translation needs: Provide materials in multiple languages when serving diverse linguistic communities, and offer interpretation services. Providing content in multiple languages that reflect the target audience leads to improved patient outcomes.</p>

<p>Educational Strategy Formats</p>	<p>Cognitive load/Time burden: Avoid long or dense activity sessions to reduce challenges for neurodiverse learners, busy clinicians, English as a Second Language (ESL) learners, and those experiencing fatigue. Shorter segments, microlearning, or modular formats may increase accessibility. Integrate scaffolding such as creating smaller online modules. Separating content into shorter segments helps learners comprehend and retain information.</p> <p>Enduring materials: Create smaller modular segments and accredit those segments, i.e., chunk learning. Thirty-minute segments allow learners to categorize and summarize content.</p>
<p>Cultural and Interpersonal Barriers</p>	<p>Implicit bias: Provide faculty training on recognizing and addressing bias, and establish reporting mechanisms for microaggressions. Many institutions require employees to attend annual training sessions that increase awareness to sensitive topics.</p> <p>Lack of representation: Recruit diverse faculty and speakers reflecting audience demographics across race, gender, specialty, and geography. Some providers go the extra step to research invited speakers to encourage alignment with speaker selection and the target audience.</p> <p>Unwelcoming environment: Create inclusive ground rules, use welcoming language, and provide opportunities for multiple participation modes. Setting ground rules in the beginning of the education helps to set the tone for the meeting so that all learners feel welcomed.</p> <p>Psychological safety: Learners engage more fully when environments reduce hierarchy, normalize questions, and support multiple participation modes. This is especially important for marginalized learners, introverted individuals, and early-career clinicians. Encourage participation and engagement at the beginning of the education to support psychological safety.</p>

<p>Institutional Barriers</p>	<p>Leadership support: Develop clear institutional policies on diversity, equity, and inclusion in CE planning; allocate resources for accessibility initiatives. Get buy-in from leadership to ensure adequate resources are available to increase accessibility.</p> <p>Financial barriers: Offer tiered registration fees, scholarships, or waivers for underrepresented learners; provide travel support when possible. Offering low-bandwidth versions, audio-only content, or downloadable materials can support learners with limited tech resources. Assess the needs of learners to determine the appropriate support and resource allocations needed during the planning process.</p> <p>Inflexible design: Move beyond one-size-fits-all approaches by offering varied formats, learning paths, and assessment methods. Some providers offer pre- and post-learning web-based modules to increase access to content.</p>
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For comprehensive guidance on ADA accessibility standards for physical environments, consult the U.S. Access Board's ADA Guidelines.⁸

Implementation Roadmap

Successful accessibility improvements require both immediate actions and long-term cultural change. This roadmap provides a phased approach to implementation.

Quick Wins (Immediate - 3 months):

- Add accommodation request options to existing registration forms
- Enable automated captions for virtual meetings and webinars
- Review and update website for basic WCAG compliance (alt text, heading structure, color contrast)
- Create an accessibility statement and contact information for accommodation requests
- Provide faculty with accessibility checklists for presentations and handouts

Medium-Term Goals (6-12 months):

- Implement a comprehensive faculty development program on inclusive teaching practices
- Conduct accessibility audit of learning management system and primary platforms
- Develop a partnership with the institutional disability services office
- Create a library of accessible templates for presentations, handouts, and evaluation forms
- Establish metrics for tracking accessibility outcomes and begin baseline data collection
- Recruit and train accessibility champions among faculty and staff

Long-Term Cultural Change (12+ months):

- Integrate accessibility into all CE planning processes and templates
- Develop institutional policies requiring accessibility standards for all accredited activities
- Create an ongoing professional development pathway for faculty and staff on emerging accessibility practices
- Establish a continuous quality improvement cycle using learner feedback and outcome data
- Pursue ACCME commendation criteria related to educational access and inclusivity

Measurement, Evaluation, and Continuous Improvement

Collecting Meaningful Learner Feedback

Regular feedback collection from all learners, including those with disabilities and from underrepresented groups, is essential for identifying gaps and informing improvements. The evaluation design should be accessible, offering multiple response formats and explicit language.

Sample Evaluation Statements Focused on Accessibility:

- I was able to access all educational materials in a format that met my needs.
- Requested accommodations were fulfilled to my satisfaction.
- The learning environment felt welcoming and inclusive.
- I was able to participate fully in learning activities.
- What barriers, if any, did you encounter in accessing this activity?

Key Metrics for Tracking Progress

Quantitative metrics provide objective data on accessibility improvements, enabling the identification of areas that require attention. Track these metrics over time to assess the impact of interventions.

Recommended metrics:

- Participation rates by demographic: Track enrollment and completion rates across learner characteristics (when data is available and appropriate to collect)
- Accommodation request fulfillment: Percentage of requests successfully fulfilled; average response time
- Format diversity: Proportion of activities offered in multiple formats
- Digital accessibility compliance: Percentage of web content meeting WCAG 2.1 Level AA standards
- Faculty development engagement: Number of faculty completing accessibility training; satisfaction with training
- Learner satisfaction: Overall satisfaction scores disaggregated by learner characteristics; specific ratings on accessibility features

Aligning with Accreditation Requirements

The ACCME and Joint Accreditation accreditation requirements emphasize access to education and continuous improvement. Implementing the recommendations in this guide (see Appendix A for full guide) directly supports several core criteria and commendation requirements, including:

- **Designed to Change and Analyzes Change (Educational Planning and Evaluation):** Designing activities to change learners' competence, performance, or patient outcomes—accessibility improvements enhance educational impact
- **Program Analysis and Program Improvements (CME Mission and Program Improvement):** Gathering data and measuring effectiveness to identify opportunities for improvement
- **Commendation Criteria:** Demonstrates commitment to excellence in areas such as higher-level outcomes in healthcare quality and population health, addressing public health priorities, promoting team-based education, and reaching underserved populations
- **Joint Accreditation Standards:** For jointly accredited providers, accessibility supports interprofessional education by facilitating more inclusive team-based learning

Documentation of accessibility initiatives, outcomes data, and continuous improvement efforts can strengthen accreditation applications and self-studies. Consider maintaining a portfolio of accessibility projects, learner testimonials, and metrics demonstrating impact.

Tools, Resources, and Institutional Support

Institutional Resources

- Collaborate with ADA/disability services offices: Most academic medical centers have dedicated offices that can provide consultation, training, and direct support for accommodation implementation
- Digital accessibility teams: Many institutions have specialized teams offering resources, tools, and training on web and document accessibility
- Instructional design support: Educational technology and instructional design units can guide accessible course design and platform selection

External Resources and Professional Development

Professional Organizations and Standards:

- International Association of Accessibility Professionals (IAAP)
www.accessibilityassociation.org – Professional certification and Body of Knowledge resources for accessibility competencies
- Web Content Accessibility Guidelines (WCAG) 2.1
www.w3.org/WAI/WCAG21/quickref – Quick reference guide to WCAG standards
- CAST Universal Design for Learning Guidelines
udlguidelines.cast.org – Framework for flexible, inclusive learning design
- U.S. Access Board ADA Guidelines
www.access-board.gov/ada – Standards for physical accessibility in facilities

Technology Tools:

- **Automated captioning services:** Otter.ai, Rev, Google Meet and Microsoft Teams built-in captions, Zoom automated captions
- **Accessibility checking tools:** WAVE browser extension, axe DevTools, Adobe Acrobat accessibility checker, Microsoft Office accessibility checker
- **Screen readers for testing:** NVDA (free), JAWS, VoiceOver (built into macOS/iOS)
- **Color contrast checkers:** WebAIM Contrast Checker, Colour Contrast Analyser
- **Document remediation:** CommonLook PDF, Adobe Acrobat Pro, Microsoft Word accessibility features

Sample Resources and Templates

CE providers may find the following template concepts applicable (adapt to institutional needs):

- Accommodation request form with clear options for various needs
- Faculty accessibility checklist for presentation development
- Accessible PowerPoint template with proper heading structure and color contrast
- Activity planning template incorporating accessibility considerations
- Learner evaluation form with accessibility-focused questions
- Accessibility statement template for CE websites and marketing materials

Conclusion

Enhancing learner accessibility in accredited continuing education is both a legal requirement and an ethical imperative that strengthens educational quality for all learners. By incorporating universal design principles from the earliest planning stages, training faculty in inclusive practices, selecting accessible technologies, and continuously evaluating outcomes, CE providers can create learning environments that enable all healthcare professionals to fully participate and thrive.

The strategies outlined in this guide represent evidence-based practices derived from accessibility standards, educational research, and the collective expertise of CE professionals dedicated to inclusive education. Implementation requires sustained institutional commitment, adequate resource allocation, and cultural change that positions accessibility as a fundamental aspect of educational excellence rather than an afterthought or accommodation.

As the healthcare workforce becomes increasingly diverse and technology continues to expand educational possibilities, CE providers have an opportunity to lead in creating equitable access to lifelong learning. The return on investment encompasses not only compliance with accreditation standards and legal requirements but also richer educational experiences, broader participation, and ultimately, better patient care through a more inclusive healthcare workforce.

This working group encourages all accredited providers to begin where they are, implement quick wins, and build toward systemic change. Every step toward greater accessibility expands educational opportunity and advances the mission of continuing medical education to improve health outcomes for all.

Appendix A

Key Terms and Definitions

Understanding terminology related to accessibility and inclusive education is essential for effective implementation. The following definitions provide a shared vocabulary for CE professionals.

Term	Definition
Accessibility	The design of products, devices, services, or environments to be usable by people with the broadest range of abilities operating in the widest range of situations. In educational contexts, accessibility ensures that learning materials and activities can be accessed and used by all learners, including those with disabilities.
Universal Design for Learning (UDL)	A framework to improve and optimize teaching and learning for all people based on scientific insights into how humans learn. UDL provides multiple means of engagement, representation, and action/expression.
Accommodation	Modifications or adjustments to tasks, environments, or approaches that enable an individual with a disability to have equal access to educational content and participate fully. Examples include extended time for assessments, sign language interpretation, or accessible seating.
WCAG (Web Content Accessibility Guidelines)	International standards developed by the World Wide Web Consortium (W3C) for making web content more accessible to people with disabilities. WCAG 2.1 Level AA is the generally recognized standard for educational institutions.
Assistive Technology	Any device, software, or equipment that helps people with disabilities perform tasks that might otherwise be difficult or impossible. Examples include screen readers, speech recognition software, alternative keyboards, and hearing aids.
Inclusive Education	An educational approach that seeks to address the learning needs of all learners, with specific focus on those who are vulnerable to marginalization and exclusion. It involves changes and modifications in content, approaches, structures, and strategies.
Learner-Centered Design	An approach to educational design that prioritizes the needs, preferences, and characteristics of learners throughout the planning and implementation process. It emphasizes active learning, choice, and personalization.

Digital Accessibility	The practice of making digital content and applications usable by people with diverse abilities and disabilities. This includes websites, mobile applications, documents, and multimedia content.
Cultural Competence	The ability to understand, communicate with, and effectively interact with people across cultures. In CE, this includes respecting and incorporating diverse perspectives, backgrounds, and experiences into educational design and delivery.
Formative Assessment	Ongoing assessment conducted during instruction to provide feedback to learners and educators, guiding adjustments to teaching and learning strategies in real-time.
Summative Assessment	Assessment conducted at the end of an instructional period to evaluate learner achievement and the effectiveness of the educational activity and used for grading, certification, or program evaluation.

Additional Resources

Accessibility and Disability Inclusion in Medical Education (CE Session). Boston University Chobanian & Avedisian School of Medicine, 2025.

CE session for faculty/residents differentiating accommodations vs. UDL, with legal framing (ADA/§504) and strategies for inclusive teaching/assessment; models how CE can mainstream accessibility. <https://cme.bu.edu/2025-pediatric-grand-rounds/content/accessibility-and-disability-inclusion-medical-education>

Accessibility, Inclusion, and Action in Medical Education: Lived Experiences of Learners and Physicians with Disabilities. AAMC, 2018.

Qualitative report mapping structural and cultural barriers (services, technical standards, climate) across UME and GME; provides concrete recommendations that CE planners can adapt to adult learning settings. https://medicine.umich.edu/sites/default/files/AAMC-UCSF%20Disability%20Special%20Report_0.pdf

Accreditation Council for Graduate Medical Education—Disability Resource Hub (with CE). ACGME, 2024–present.

Practical case studies on accommodations for diverse disabilities in residency/fellowship; includes CME credit and toolkits—an actionable model for CE developers to emulate. <https://dl.acgme.org/pages/disability-resource-hub>

Creating an Inclusive Learning Environment in Medicine: A Guide to Accommodations for Learners with Disabilities. Stanford Center for CME, 2022 (reviewed 2025; active to 2028).

Enduring online CE course covering benefits of disability inclusion, legal duties, and how to foster supportive environments; directly relevant to CE program design. <https://stanford.cloud-cme.com/course/courseoverview?P=0&EID=53097>

DEI & Anti Racism in Continuing Education: Guidelines & Recommendations. ACCME, 2024. Planning guidelines that integrate DEI into accredited CE; useful for adding disability to content/speaker diversity, bias screening, and outcomes evaluation. https://accme.org/wp-content/uploads/2024/05/DEIA-in-Continuing-Education_Guidelines-and-Recommendations.pdf

Diversity, Inclusion, and Bias in CME Activities: Lessons from Participant Evaluations. Medical Education Online, 2025.

Mixed methods review of >5,000 CME evaluations; despite high overall satisfaction, learners noted racial/gender bias and non inclusive instructional design, implying a need to expand bias review to disability/accessibility. <https://www.tandfonline.com/doi/pdf/10.1080/10872981.2025.2525170>

Inclusion and Diversity within Medical Education: A Focus Group Study of Students' Experiences. BMC Medical Education, 2023.

Learners report both exclusion and belonging experiences; recommends integrating diversity more fully in curricula—insights transferable to CE on climate and representation (including disability). <https://link.springer.com/article/10.1186/s12909-023-04036-3>

Learners with Disabilities: An Important Component of DEI in Medical Education. Academic Medicine, 2022.

Commentary urging institutions to recognize disability as a vital DEI component; documents underrepresentation and the case for inclusion across the continuum. <https://academic.oup.com/academicmedicine/article/97/3/328/8345088>

Medical Students with Disabilities: Pushing for Research and Reconceptualization of Inclusion. Medical Teacher, 2025.

Editorial notes enduring ableism and a narrow Global North evidence base; calls for culture change and broader research agendas that CE can help drive. <https://www.tandfonline.com/doi/pdf/10.1080/0142159X.2025.2501260>

Universal Design for Learning in Health Professions Education (MedEdPearls). Harvard Medical School, 2021.

Practical overview of UDL principles (representation, action/expression, engagement) with applied medical education tips—useful for CE designers striving for proactive accessibility. <https://learn.hms.harvard.edu/insights/all-insights/universal-design-learning-health-professions-education>

Universal design in higher education: From principles to practice (2nd ed.). Burgstahler, S. Harvard Education Press, 2015. https://www.wiu.edu/student_success/disability_resources/pdf/FacultyAndInstructors/UDHE-PP.pdf

A Survey Evaluating Perceptions of Universal Design Practices Among Health Professions Educators. Medical Science Educator, 2025.

Multi institution survey: strong faculty support for UDL access features but workload and resource gaps; underscores the leadership case for funding and infrastructure to scale UDL in CE. <https://link.springer.com/article/10.1007/s40670-025-02459-9>

A Scoping Review of UDL in U.S. Allied Health & Medical Education. Open Journal of Occupational Therapy, 2024.

Finds very few graduate level UDL studies and mostly descriptive designs—key evidence that medical/CE programs need more robust implementation and evaluation. <https://scholarworks.wmich.edu/ojot/vol12/iss1/7/>, https://www.academia.edu/122774838/A_Scoping_Review_of_Universal_Design_for_Learning_in_United_States_Allied_Health_and_amp_Medical_Education

Adapting Nursing Education to Improve Care for Persons with Disabilities: Systematic Review. BMC Nursing, 2025.

Synthesizes 46 studies; many interventions raise awareness but lack competency outcomes—a caution to CE developers to measure skill/performance change, not just attitudes. <https://link.springer.com/article/10.1186/s12912-025-03894-0>

Disability in Medicine: Inclusion and Mentorship (Slides). Stanford Medicine, 2023.

Introduces disability as an underrepresented minority identity; offers accessibility best practices and mentorship models that strengthen inclusive learning climates. <https://med.stanford.edu/content/dam/sm/academy/documents/Disability%20in%20Medicine%20Presentation%20for%20TMA%20%2821523%29.pdf>

Removing Barriers & Facilitating Access: Supporting Trainees with Disabilities (AMA Webinar Slides). AMA, 2026 (slides).

Summarizes best practices for disclosure and accommodations across UME/GME, and connects disability, well being, and policy—useful templates for CE policy updates. <https://www.ama-assn.org/system/files/facilitating-access-med-ed-webinar-slides.pdf>

Alignment with ACCME/Joint Accreditation requirements

Criterion	Accreditor	Criterion Type	Access Relevance Summary	Example Strategies
Mission	ACCME	Core	Defines mission including expected outcomes; can explicitly aim to reach broader or underserved learner groups.	State commitment to access in mission; target rural or remote learners.
Program Analysis	ACCME	Core	Requires analysis of program reach and outcomes, enabling providers to identify underrepresented learner groups.	Use data to identify who is not participating; improve access accordingly.

Program Improvement	ACCME	Core	Providers must plan improvements; adjustments can focus on infrastructure or delivery formats to enhance access.	Expand online delivery; increase mobile or hybrid learning options.
Individualized Learning Plans	ACCME	Commendation	Supports flexible, personalized learning experiences that can accommodate diverse learner needs and schedules.	Offer asynchronous modules or tailored curricula for learners with time constraints.
Support Strategies	ACCME	Commendation	Encourages providers to support learners beyond the CE activity, helping sustain engagement and access.	Provide mentoring, reminders, or peer learning opportunities.
Creativity and Innovation	ACCME	Commendation	Recognizes innovative delivery or design that can remove barriers or expand access to new audiences.	Develop mobile-friendly CE, microlearning, or virtual formats.
JAC1 - Mission	Joint Accreditation	Mission and Overall Program Improvement	Defines mission including expected outcomes for the healthcare team in terms of changes in skills/strategy, or performance of the healthcare team, and/or patient outcomes; can explicitly aim to reach broader or underserved learner groups.	

JAC5 - Educational Needs	Joint Accreditation	Activity Planning and Evaluation	Identifies educational needs that require direct or indirect access to learners, their performance data, or feedback to assess gaps.	
JAC6 - Integrated Planning	Joint Accreditation	Activity Planning and Evaluation	Planning process includes professionals reflective of target audience, promoting inclusivity and access.	Include community health or rural clinicians in planning teams.
JAC10 - Address Barriers	Joint Accreditation	Activity Planning and Evaluation	Explicitly focuses on removing or overcoming barriers to learning or performance, enhancing access.	Reduce cost barriers, simplify registration, offer technical support.
JAC11 - Analyze Outcomes	Joint Accreditation	Activity Planning and Evaluation	Analyzing learner and team outcomes helps identify gaps in engagement and access.	Use post-activity evaluations to assess who is not participating.
JAC13 - Engage Patients	Joint Accreditation	Commendation	Engaging patients as planners or teachers broadens perspective and can attract diverse learner audiences.	Include patient advocates to design relevant CE for community-based professionals.
JAC18 - Address Social Determinants	Joint Accreditation	Commendation	Incorporating social determinants into CE supports relevance to underserved communities, improving access.	Develop CE on health equity, language access, and community outreach.

Appendix B

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