Reflecting learners’ needs: ACCME’s System of Accreditation

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President & CEO, ACCME

UEMS, November 12, 2016
Disclosure

- Employee of ACCME
- No other financial relationships
“For the Profession, By the Profession”

As part of the system of medicine’s accountability, is it essential that CME be:

- Linked to quality and safety
- Effective in improving practice
- Independent of commercial interests
- Based on valid content

…our mission and work is a public trust.
Trusted Providers

- Are most aware of local needs and barriers
- Know their local providers and teams
- Have the ability to serve their learners longitudinally
- Can develop and change as providers
- Can provide efficiencies to learners
- Can be held accountable
- Trust and Verify Maximizes Flexibility to Meet Learners’ Needs
ACCME Bylaws

ACCME’s Primary Functions

- Serve as the body **accrediting** institutions... offering CME;

~700 national providers
ACCME’s Primary Functions

- Serve as the body **accrediting** institutions... offering CME;
- Serve as the body **recognizing** institutions... offering CME accreditation;

41 Recognized Accreditors (State Medical Societies)
~1,200 local/regional providers
ACCME's Primary Functions

- Serve as the body **accrediting** institutions... offering CME;
- Serve as the body **recognizing** institutions... offering CME accreditation;
- **Develop criteria** ...for assuring compliance with these standards;
ACCME Bylaws

ACCME’s Primary Functions

- Recommend and initiate studies for improving the organization and processes of CME and its accreditation;
- Review and assess developments in CME’s support of quality health; and
- Review periodically its role in CME to ensure it remains responsive to public and professional needs.

ACCME Reports on Strategic Discussions with Stakeholders about CME’s Future

February 28, 2013
Posted by: Tamar Hosansky

Stakeholders Offer Feedback on ACCME’s Strategic Goals

The ACCME Board of Directors engaged in strategic planning in 2011 to discuss the future of the ACCME system and the role of accredited CME in supporting practice-based learning and health care quality improvement. Through this process, the Board identified three strategic imperatives:

1. Foster ACCME Leadership and Engagement
2. Evolve and Simplify the Accreditation Standards, Process, and System
3. Explore and Build a More Diversified Portfolio of ACCME Products and Services

The Board incorporated feedback from stakeholders to identify these priorities, and then, throughout last year, the ACCME continued engaging with stakeholders about how to fulfill them. The ACCME convened more than 20 focused discussions about the strategic imperatives with more than 1,100 stakeholders including members...
Physicians want a learning system that is:

- Relevant
- Efficient
- Effective
- Rewarding
- Personalized
How can we evolve our educational activities from knowledge transfer...
...to creative and social engagement to promote cognitive/skill development and better patient outcomes?
Eligibility

An organization must:

• Have a program of CME for physicians on a regular and recurring basis
• Present activities that have “valid” content
• Not be a commercial interest
• Not be presenting a program of CME that advocates for unscientific modalities of diagnosis/therapy
• Cannot promote treatments that are known to be ineffective or whose risks outweigh benefits
Types of organizations

- Medical specialty societies
- Hospitals and Clinics
- Physician membership organizations
- Schools of medicine
- State medical societies
- Government agencies
- Branches of the military
- Foundations/non-profit
- Medical education/publishing companies
## Scope of the Enterprise

### 2015 Reporting Year

<table>
<thead>
<tr>
<th>Physician Interactions</th>
<th>Other Learner Interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>14,231,863</td>
<td>11,640,255</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Activities</th>
<th>Hours of Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>148,227</td>
<td>1,039,479</td>
</tr>
</tbody>
</table>

Providers: 1,876 accredited providers
PARS is a centralized, Web-based system for the collection and management of activity and program data from accredited providers.
ACCME’s CMEfinder.org

- Search for ABIM MOC or REMS
- Search by provider

Filter results by:
- Keyword
- Activity Type
- Location
- Fee
- Date
- Specialty
- Number of Credits
- Type of registration (i.e. limited vs open)
ACCME-Accredited and State-Accredited CME Activities, Hours of Instruction and Interactions 2005-2015

- Hours of Instruction: 14,231,863
- Physician Interactions: 1,039,479
- Other Learner Interactions: 11,640,255
- Activities: 148,227
<table>
<thead>
<tr>
<th>Activities</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Courses</td>
<td>71,376</td>
</tr>
<tr>
<td>Regularly scheduled series</td>
<td>21,655</td>
</tr>
<tr>
<td>Internet (live)</td>
<td>3,127</td>
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<tr>
<td>Test-item writing</td>
<td>84</td>
</tr>
<tr>
<td>Committee learning</td>
<td>597</td>
</tr>
<tr>
<td>Performance improvement</td>
<td>521</td>
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<tr>
<td>Internet searching and learning</td>
<td>71</td>
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<tr>
<td>Internet (enduring materials)</td>
<td>36,893</td>
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<tr>
<td>Enduring materials (other)</td>
<td>8,314</td>
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<tr>
<td>Learning from teaching</td>
<td>123</td>
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<tr>
<td>Journal CME</td>
<td>5,391</td>
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<tr>
<td>Manuscript review</td>
<td>75</td>
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<tr>
<td># Providers</td>
<td></td>
</tr>
<tr>
<td>Grand total 2015</td>
<td>1,876</td>
</tr>
<tr>
<td>Activities</td>
<td>Count</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>No commercial support</td>
<td>132,364</td>
</tr>
<tr>
<td>ACCME-accredited providers</td>
<td>96,296</td>
</tr>
<tr>
<td>State-accredited providers</td>
<td>36,068</td>
</tr>
<tr>
<td>Commercial support</td>
<td>15,863</td>
</tr>
<tr>
<td>ACCME-accredited providers</td>
<td>15,037</td>
</tr>
<tr>
<td>State-accredited providers</td>
<td>826</td>
</tr>
<tr>
<td>Total</td>
<td>148,227</td>
</tr>
</tbody>
</table>
CME Presented by Providers Accredited in the ACCME System - 2015

Activities

- **Designed to change**
- **Analyzed for change**

<table>
<thead>
<tr>
<th>Category</th>
<th>Designed to change</th>
<th>Analyzed for change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competence</td>
<td>93%</td>
<td>90%</td>
</tr>
<tr>
<td>Performance</td>
<td>58%</td>
<td>44%</td>
</tr>
<tr>
<td>Patient outcomes</td>
<td>30%</td>
<td>12%</td>
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</tbody>
</table>
Monitoring/Reporting

- Self-Study
- Evidence reports
- Interview
- Progress Reports for Noncompliance
- Complaints
- Focused Surveys
- Annual Reporting
Accreditation Decisions
November 2008 to July 2016
(n=1,265)
Overall Compliance Results for November 2008 through July 2016 (n=1,265)
Commendation Criteria Menu

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

16 criteria in five categories
Thank you

Contact me:

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UEMS COFERENCE ON CME-CPD

AMSTERDAM, 12TH NOVEMBER 2016
Contact information

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Disclosures

• I have no financial relationships to commercial interests to disclose related to this presentation and this presentation does not include any clinical topics

• Dr. Aparacio is a full time employee (twelve years) and a 30 year member of the AMA
Learning objectives

At the end of this presentation participants will be able to:

• Describe the basic structure of the AMA Physician Recognition Award CME credit system;

• List the current involvement of the AMA in the international educational space; and

• Discuss the AMA’s framework used in developing credit conversion agreements.
The AMA Physician Recognition Award CME Credit System
The AMA’s Physician Recognition Award

The AMA established the PRA in 1968 as a way to encourage and recognize physicians that devoted 50 hours a year to CME. The credit system was developed to describe activities that would be accepted to meet the requirements. It has continued to evolve under the direction of the AMA Council on Medical Education.

www.ama-assn.org/go/prabooklet
The AMA, the ACCME and the SMS

- Originally, the AMA accredited CME providers directly. In 1981, the AMA and six other national organizations formed the Accreditation Council for Continuing Education (ACCME) to accredit providers.
- The AMA grants organizations accredited by the ACCME or a recognized state medical society the privilege to certify activities for *AMA PRA Category 1 Credit™* and award that credit to physicians.
- The AMA reserves the right to withdraw that privilege if an organization violates AMA educational standards and requirements, regardless of accreditation status.
AMA PRA Category I Credit™ approved Learning Formats for use by accredited providers

1. Live activity
2. Enduring material
3. Journal-based CME activity
4. Test-item writing activity
5. Manuscript review activity
6. PI CME activity
7. Internet Point of Care activity
AMA PRA Category 1 Credit™ awarded directly by the AMA as owner of the credit system

- Preparing and presenting an original presentation at a live activity certified for AMA PRA Category 1 Credit™
- Publishing (first author) a peer-reviewed article in a journal indexed in MEDLINE (10 credits)
- Preparing a poster presentation (first author) included in the abstracts of an activity certified for AMA PRA Category 1 Credit™ (5 credits)
- Obtaining a medically related advance degree (25 credits)
- Completing an ABMS board certification or MOC© process (60 credits)
- Participation in an ACGME approved residency or fellowship (20 credits per year)
The AMA and the global educational community
AMA CME-CPD International activities

• Union of European Medical Specialists (conversion of credit agreement since 2000)
• Royal College of Physicians and Surgeons of Canada (conversion of credit agreement since 2010)
• Qatar Council for Healthcare Practitioners (QCHP) Accreditation Department (conversion of credit agreement since 2016)
• International Conference Recognition Program (certified for *AMA PRA Category 1 Credit™* by the AMA as owner of the credit system)
AMA’s framework for credit conversion agreements
Principles for International Agreements between the AMA and other CME credit systems

• Conform to a mutually acceptable definition of CME/CPD
• Describe the intended physician target audience for the CME activity
• Identify how the educational needs for specific CME activities were established
• Identify an educational purpose and/or learning objectives that address the identified needs
• Communicate the purpose and/or learning objectives to the target audience
Principles for International Agreements between the AMA and other CME credit systems

• Use learning methodologies and format(s) appropriate to the activity’s educational purpose and/or objectives
• Assess or evaluate the quality of the activity and how well it met its purpose and/or objectives
• Provide the names and qualifications of the faculty to the participants
• Be evidence-based, factual, unbiased, and free of commercial influence
• Disclose all relevant commercial relationships to participants
For discussion
Questions

What are the advantages and disadvantages of credit conversion agreements?

Who are the most important “customers” of CME systems and do credit conversion agreements change who the “customers” are?

Will there come a time when credit conversion agreements won’t be necessary because all CME credits will be accepted in all jurisdictions?
References

AMA CME credit system information including the PRA booklet

AMA's Code of Medical Ethics. Available at: