



The Accreditation Requirements of the Accreditation Council for Continuing Medical Education (ACCME)

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ACCREDITATION CRITERIA

The Accreditation Criteria are divided into three levels. To achieve Provisional Accreditation, a two year term, providers must comply with Criteria 1, 2, 3, and 7–12. Providers seeking full Accreditation or reaccreditation for a four-year term must comply with Criteria 1–15. To achieve Accreditation with Commendation, a six-year term, providers must comply with all 22 Criteria.

ESSENTIAL AREA 1: PURPOSE AND MISSION

[Criterion 1](#) The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

ESSENTIAL AREA 2: EDUCATION & PLANNING

[Criterion 2](#) The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

[Criterion 3](#) The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

[Criterion 4](#) The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.

[Criterion 5](#) The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.

[Criterion 6](#) The provider develops activities/educational interventions in the context of desirable physician attributes [eg, Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) Competencies].

[Criterion 7](#) The provider develops activities/educational interventions independent of commercial interests. (SCS 1, 2, and 6).

[Criterion 8](#) The provider appropriately manages commercial support (if applicable, SCS 3 of the ACCME Standards for Commercial SupportSM).

[Criterion 9](#) The provider maintains a separation of promotion from education (SCS 4).

[Criterion 10](#) The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).

ESSENTIAL AREA 3: EVALUATION AND IMPROVEMENT

[Criterion 11](#) The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

[Criterion 12](#) 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.

[Criterion 13](#) 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.

[Criterion 14](#) The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed.

[Criterion 15](#) The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured.

ACCREDITATION WITH COMMENDATION

[Criterion 16](#) The provider operates in a manner that integrates CME into the process for improving professional practice.

[Criterion 17](#) The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).

[Criterion 18](#) The provider identifies factors outside the provider's control that impact on patient outcomes.

[Criterion 19](#) The provider implements educational strategies to remove, overcome or address barriers to physician change.

[Criterion 20](#) The provider builds bridges with other stakeholders through collaboration and cooperation.

[Criterion 21](#) The provider participates within an institutional or system framework for quality improvement.

[Criterion 22](#) The provider is positioned to influence the scope and content of activities/educational interventions.

STANDARDS FOR COMMERCIAL SUPPORT: STANDARDS TO ENSURE INDEPENDENCE IN CME ACTIVITIES

STANDARD 1: INDEPENDENCE

STANDARD 1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (See www.accme.org for a definition of a "commercial interest" and some exemptions.) (a) Identification of CME needs; (b) Determination of educational objectives; (c) Selection and presentation of content; (d) Selection of all persons and organizations that will be in a position to control the content of the CME; (e) Selection of educational methods; (f) Evaluation of the activity.

STANDARD 1.2 A commercial interest cannot take the role of non-accredited partner in a joint sponsorship relationship.

STANDARD 2: RESOLUTION OF PERSONAL CONFLICTS OF INTEREST

STANDARD 2.1 The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines "relevant" financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

STANDARD 2.2 An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

STANDARD 2.3 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

STANDARD 3: APPROPRIATE USE OF COMMERCIAL SUPPORT

STANDARD 3.1 The provider must make all decisions regarding the disposition and disbursement of commercial support.

STANDARD 3.2 A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

STANDARD 3.3 All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

STANDARD 3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint sponsor.

STANDARD 3.5 The written agreement must specify the commercial interest that is the source of commercial support.

STANDARD 3.6 Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

STANDARD 3.7 The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.

STANDARD 3.8 The provider, the joint sponsor, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

STANDARD 3.9 No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.

STANDARD 3.10 If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

STANDARD 3.11 Social events or meals at CME activities cannot compete with or take precedence over the educational events.

STANDARD 3.12 The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint sponsor or educational partner.

STANDARD 3.13 The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

STANDARD 4: APPROPRIATE MANAGEMENT OF ASSOCIATED COMMERCIAL PROMOTION

STANDARD 4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

STANDARD 4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME. For print, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity. For computer based, advertisements and promotional

materials will not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content. For audio and video recording, advertisements and promotional materials will not be included within the CME. There will be no 'commercial breaks.' For live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.

STANDARD 4.3 Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.

STANDARD 4.4 Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.

STANDARD 4.5 A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.

STANDARD 5: CONTENT AND FORMAT WITHOUT COMMERCIAL BIAS

STANDARD 5.1 The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

STANDARD 5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

STANDARD 6: DISCLOSURES RELEVANT TO POTENTIAL COMMERCIAL BIAS

STANDARD 6.1 An individual must disclose to learners any relevant financial relationship(s), to include the following information: The name of the individual; The name of the commercial interest(s); The nature of the relationship the person has with each commercial interest.

STANDARD 6.2 For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

STANDARD 6.3 The source of all support from commercial interests must be disclosed to learners. When commercial support is "in-kind" the nature of the support must be disclosed to learners.

STANDARD 6.4 'Disclosure' must never include the use of a trade name or a product-group message.

STANDARD 6.5 A provider must disclose the above information to learners prior to the beginning of the educational activity.

ACCME POLICIES & DEFINITIONS

The ACCME issues policies and policy-related definitions that supplement the ACCME Criteria and Standards for Commercial Support. Accredited providers must adhere to the ACCME policies that are relevant to their organizations, as well as to the Accreditation Criteria and the ACCME Standards for Commercial Support.

The materials below include the policies as well as ACCME Notes, which provide definitions and explanatory information about the policies.

ACCME GOVERNANCE

PUBLIC AND CONFIDENTIAL INFORMATION ABOUT ACCREDITED PROVIDERS

The following information is considered *public information*, and therefore may be released by the ACCME. Public information includes certain information about accredited providers, and ACCME reserves the right to publish and release to the public, including on the ACCME Web site, all public information:

1. Names and contact information for accredited providers;
2. Accreditation status of provider;
3. Some annual report data submitted by the accredited provider, including for any given year:
 - Number of activities;
 - Number of hours of education;
 - Number of physician participants;
 - Number of nonphysician participants;
 - Accepts commercial support (yes or no);
 - Accepts advertising/exhibit revenue (yes or no);
 - Participates in joint sponsorship (yes or no);
 - Types of activities produced (list)

Note: The ACCME will not release any dollar amounts reported by individual accredited providers for income, expenses, commercial support, or advertising/exhibits.

4. Aggregated accreditation finding and decision data broken down by provider type;
5. Responses to public calls for comment initiated by the ACCME;
6. Executive summaries from the ACCME Board of Directors' Meetings (exclusive of actions taken during executive session); and

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7. Any other data/information that ACCME believes qualifies as "public information."

The ACCME will maintain as *confidential information*, except as required for ACCME accreditation purposes, or as may be required by legal process, or as otherwise authorized by the accredited provider to which it relates:

1. To the extent not described as public information above, information submitted to the ACCME by the provider during the initial or reaccreditation decision-making processes for that provider;
2. Correspondence to and from ACCME relating to the accreditation process for a provider; and
3. ACCME proceedings (e.g., Board minutes, transcripts) relating to a provider, other than the accreditation outcome of such proceedings.

In order to protect confidential information, ACCME and its volunteers are required:

1. Not to make copies of, disclose, discuss, describe, distribute or disseminate in any manner whatsoever, including in any oral, written, or electronic form, any confidential information that the ACCME or its volunteers receive or generate, or any part of it, except directly for the accreditation or complaint/inquiry decision-making purposes;
2. Not to use such confidential information for personal or professional benefit, or for any other reason, except directly for ACCME purposes.

ACCME Note: The ACCME requires CME providers to submit information about their CME programs and activities in order to attain and maintain accreditation. Some of that information is kept confidential, while other information is made public. When determining what information to make public about ACCME-accredited providers, the ACCME believes in balancing transparency, accountability to the public, and providers' confidentiality.

RULE-MAKING POLICY

1. The notice and comment procedures utilized by ACCME for the adoption of rules and policies that directly impact members and accredited providers (the "Notice and Comment Procedures") shall not apply to matters relating to internal ACCME structure, management, personnel or business policy/practices.
 - a. The Notice and Comment Procedures will only apply to matters which directly and materially impact the ability of accredited providers to conduct business.
 - b. The ACCME, in its sole discretion, will assess if any particular rule or policy will be subject to the Notice and Comment Procedures.
2. If the ACCME decides to seek and accept public comment or input, then the ACCME will publish the proposed rule or policy on its website and state that interested persons have an opportunity to submit written data, views, or arguments with or without opportunity for oral presentation.

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3. If the ACCME decides to seek and accept public comment or input, then at least 30 days will be given to provide that comment or input; provided, however, that if the ACCME determines that there is a pressing need for issuance of a rule or policy on an expedited basis, the ACCME may either shorten or eliminate the period of time during which public comments may be submitted.
 4. After any period for public comment, the proposed rule or policy will be submitted to the ACCME Board of Directors. The ACCME Board of Directors may modify, reject, defer, and/or adopt the proposed rule or policy. Subject to the rights of ACCME Members contained in Article III, Section 2(c) of the ACCME Bylaws, the decision of the ACCME Board of Directors shall be final and there shall be no appeal there from.
 5. The final rule or policy as approved by the ACCME Board of Directors will be posted on the ACCME website, which will include an effective date for the final rule or policy.

ACCME Note: The ACCME Board of Directors undertakes a multistep, deliberative process to recommend new policies or modifications to policies and procedures. When considering possible changes, the Board first undertakes a comprehensive analysis of the issues, reviewing relevant historical and current data. If the Board determines that a new or modified policy or procedure has the potential for improving the accreditation system and serving the needs of the CME community, physician learners, and the public, the Board will develop a proposal. In most cases, the ACCME undergoes a formal call for comment for soliciting feedback from stakeholders and the public, according to the Rule-Making Policy, which says that the public will have the opportunity to comment on proposed rules or policies that directly affect member organizations and accredited providers.

CME PROGRAM AND ACTIVITY ADMINISTRATION

ORGANIZATIONAL MISSION AND FRAMEWORK

The accredited provider must have an organizational framework for the CME unit that provides the necessary resources to support its mission including support by the parent organization, if a parent organization exists.

CME PROGRAM BUSINESS AND MANAGEMENT PROCEDURES

The accredited provider must operate the business and management policies and procedures of its CME program (as they relate to human resources, financial affairs, and legal obligations), so that its obligations and commitments are met.

ACCREDITATION STATEMENT

The accreditation statement must appear on all CME activity materials and brochures distributed by accredited organizations, except that the accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements 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, the accreditation statement must be included.

The ACCME accreditation statement is as follows:

For directly sponsored activities: "The (name of accredited provider) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians."

For jointly sponsored activities: "This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by the ACCME to provide continuing medical education for physicians."

There is no "cosponsorship" accreditation statement. If two or more accredited providers are working in collaboration on a CME activity, one provider must take responsibility for the compliance of that activity. Cosponsored CME activities should use the directly sponsored activity statement, naming the one accredited provider that is responsible for the activity. The ACCME has no policy regarding specific ways in which providers may acknowledge the involvement of other ACCME-accredited providers in their CME activities.

ACCME Note: The accreditation statement identifies the ACCME-accredited organization that is responsible for demonstrating the CME activity's compliance with all accreditation requirements.

CME CONTENT: DEFINITION AND EXAMPLES

Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

ACCME Note: The definition describes the content that the ACCME considers acceptable for activities developed within an accredited provider's CME program. The ACCME definition of CME is broad, to encompass continuing educational activities that assist physicians in carrying out their professional responsibilities more effectively and efficiently. Examples of topics that are included in the ACCME definition of CME content include:

- Management, for physicians responsible for managing a health care facility
- Educational methodology, for physicians teaching in a medical school
- Practice management, for physicians interested in providing better service to patients
- Coding and reimbursement in a medical practice

When physicians participate in continuing education activities that are not directly related to their professional work, these do not fall within the ACCME definition of CME content. Although they may be worthwhile for physicians, continuing education activities related to a physician's nonprofessional educational needs or interests, such as personal financial planning or appreciation of literature or music, are not considered CME content by the ACCME.

CME CLINICAL CONTENT VALIDATION

Accredited providers are responsible for validating the clinical content of CME activities that they provide. Specifically,

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
3. Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment, or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for ACCME accreditation.

ACCME Note: Accredited CME is accountable to the public for presenting clinical content that supports safe, effective patient care. The ACCME Clinical Content Validation policy is designed to ensure that patient care recommendations made during CME activities are accurate, reliable, and based on scientific evidence. Clinical care recommendations must be supported by data or information accepted within the profession of medicine. Standard for Commercial Support 5: Content and Format without Commercial Bias includes additional direction about CME content validity.

CME CONTENT AND THE AMERICAN MEDICAL ASSOCIATION PHYSICIAN'S RECOGNITION AWARD

All CME educational activities developed and presented by a provider accredited by the ACCME system and associated with AMA PRA Category 1 Credit™ must be developed and presented in compliance with all ACCME accreditation requirements - in addition to all the requirements of the AMA PRA program. All activities so designated for, or awarded, credit will be subject to review by the ACCME accreditation process as verification of fulfillment of the ACCME accreditation requirements.

ACCME Note: This policy describes the shared requirements of the ACCME and the American Medical Association (AMA) with regard to CME activities that include the provision of AMA PRA Category 1 Credit™. The AMA is the owner of the Physician's Recognition Award (PRA).

CME ACTIVITY AND ATTENDANCE RECORDS RETENTION

1. Attendance Records: An accredited provider must have mechanisms in place to record and, when authorized by the participating physician, verify participation for **six years** from the date of the CME activity. The accredited provider is free to choose whatever registration method works best for their organization and learners. The ACCME does not require sign-in sheets.
2. Activity Documentation: An accredited provider is required to retain activity files/records of CME activity planning and presentation during the current accreditation term or for the last twelve months, whichever is longer.

ACCME Note: ACCME-accredited providers must maintain specific CME activity records. Records retention requirements relate to the following two topics: Attendance Records and Activity Documentation. Maintenance of this documentation enables the provider to meet the requirements for annual year-end reporting and reaccreditation review.

Additionally, this policy may be of assistance to a provider should a complaint be filed. If the ACCME receives a complaint about an accredited provider, the ACCME may ask the provider to respond according to the [ACCME's Procedure for Handling Complaints/Inquiries Regarding ACCME Accredited Providers](#). As specified in the procedure, an accredited provider must be accountable for any complaint received by the ACCME for 12 months from the date a live activity ended, or in the case of a series, 12 months from the date of the session which is in question. Providers are accountable for an enduring material during the period of time it is being offered for CME, and 12 months thereafter.

FEES FOR ACCME-ACCREDITED PROVIDERS

ACCME-accredited providers are accountable for timely submission of fees that are required either to attain or maintain accreditation. 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. For a list of current fees and related information, see the [ACCME-accredited provider fee schedule](#).

ACCME Note: The ACCME is supported solely by accredited provider fees and workshop registration fees. This policy describes ACCME-accredited providers' obligations regarding fees to attain or maintain accreditation.

ACCME LOGO USAGE

ACCME and the ACCME logo are service marks of the Accreditation Council for Continuing Medical Education. These service marks may be used publicly only with the permission of ACCME.

ACCME-accredited providers, ACCME recognized state medical societies, and intrastate accredited providers have permission to use the ACCME logo for educational and identification purposes. ACCME-accredited providers may also use the logo in [announcements](#) related to their attainment of ACCME accreditation.

[ACCME Logo, Color](#)

[ACCME Logo, Black & White](#)

PUBLICIZING ACCME ACCREDITATION

ACCME Note: The ACCME wishes to support CME providers in their efforts to publicize the value of their accreditation and accreditation-related accomplishments.

ACCME-accredited providers may use the following language in a news release or other public announcement of their success in obtaining either initial or continued ACCME accreditation. The following language may be used for that purpose only:

"The [provider name] has been (re)surveyed by the Accreditation Council for Continuing Medical Education (ACCME) and awarded [accreditation status] for [number] years as a provider of continuing medical education for physicians.

ACCME accreditation seeks to assure the medical community and the public that [Provider name] provides physicians with relevant, effective, practice-based continuing medical education that supports US health care quality improvement.

The ACCME employs a rigorous, multilevel process for evaluating institutions' continuing medical education programs according to the high accreditation standards adopted by all seven ACCME member organizations. These organizations, which represent the profession of medicine, are: the American Board of Medical Specialties; the American Hospital Association; the American Medical Association; the Association for Hospital Medical Education; the Association of American Medical Colleges; the Council of Medical Specialty Societies; and the Federation of State Medical Boards of the US, Inc. "

JOINT SPONSORSHIP

The ACCME defines joint sponsorship as the sponsorship of a CME activity by one accredited and one nonaccredited organization. Therefore, ACCME accredited providers that plan and present one or more activities with non-ACCME accredited providers are engaging in "joint sponsorship." Please note: the ACCME does not intend to imply that a joint sponsorship relationship is an actual legal partnership. Therefore, the ACCME does not include the words partnership or partners in its definition of joint sponsorship or description of joint sponsorship requirements.

The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a nonaccredited organization and must use the appropriate accreditation statement.

INFORMING LEARNERS

The accredited provider must inform the learner of the joint sponsorship relationship through the use of the appropriate [accreditation statement](#). All printed materials for jointly sponsored activities must carry the appropriate accreditation statement.

"This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by the ACCME to provide continuing medical education for physicians." — ACCME Accreditation Statement Policy

FEES

The ACCME maintains no policy that requires or precludes accredited providers from charging a joint sponsorship fee.

COMPLIANCE AND NONCOMPLIANCE ISSUES

The ACCME expects all CME activities to be in compliance with the accreditation requirements. In cases of joint sponsorship, it is the ACCME accredited provider's responsibility to be able to demonstrate through written documentation this compliance to the ACCME. Materials submitted that demonstrate compliance may be from either the ACCME accredited provider's files or those of the nonaccredited provider.

Note that if a jointly sponsored activity is found to be in Noncompliance with ACCME's content validation policies or policies for disclosure and commercial support, the accredited provider in the relationship may be asked to provide one or more monitoring progress reports related to the issue. Similarly, special requirements exist for accredited providers that jointly sponsor activities with nonaccredited organizations that have a history of joint-sponsoring activities that do not comply with ACCME's content validation policies or policies for disclosure and commercial support. See [Measuring Continuous Compliance through ACCME Monitoring](#) for additional information.

PROVIDERS ON PROBATION

If a provider is placed on Probation, it may not jointly sponsor CME activities with nonaccredited providers, with the exception of those activities that were contracted prior to the Probation decision. A provider that is placed on Probation must inform the ACCME of all existing joint sponsorship relationships, and must notify its current contracted joint sponsors of its probationary status.

ACCME Note: The ACCME allows accredited providers and nonaccredited organizations (that are not ACCME-defined commercial interests) to collaborate in the planning and implementation of CME activities through joint sponsorship. In joint sponsorship, either the accredited provider or its nonaccredited joint sponsor can control the identification of CME needs, the determination of educational objectives, the selection and presentation of content, the selection of all persons and organizations that will be in a position to control CME content, the selection of educational methods, and the evaluation of the activity.

As stated in Standard for Commercial Support 1.2, a commercial interest cannot take the role of a nonaccredited entity in a joint sponsorship relationship. To assist accredited providers in determining whether a nonaccredited entity is a commercial interest, and therefore precluded from participating in a joint sponsorship relationship, the ACCME has provided a set of six self-assessment questions and guidance. The August 2009 letter containing those questions can be found by [clicking here](#) (the questions are on page 2 of the letter). If an organization answers "yes" to any of these questions, then the organization may be an ACCME-defined commercial interest and more information is needed before that determination can be made. Nonaccredited entities may also come to the ACCME for an ACCME-conducted review. The fee for such a review of a non-accredited entity is \$4,000. An organization interested in pursuing this option may contact the ACCME directly.

POLICIES SUPPLEMENTING THE STANDARDS FOR COMMERCIAL SUPPORT

DEFINITION OF A COMMERCIAL INTEREST

A *commercial interest* is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

A commercial interest is not eligible for ACCME accreditation. Commercial interests cannot be accredited providers and cannot be joint sponsors. Within the context of this definition and limitation, the ACCME considers the following types of organizations to be eligible for accreditation and free to control the content of CME:

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- 501-C Non-profit organizations (Note, ACCME screens 501c organizations for eligibility. Those that advocate for commercial interests as a 501c organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint sponsor, but they can be a commercial supporter.)
 - Government organizations
 - Non-health care related companies
 - Liability insurance providers
 - Health insurance providers
 - Group medical practices
 - For-profit hospitals
 - For profit rehabilitation centers
 - For-profit nursing homes
 - Blood banks
 - Diagnostic laboratories

ACCME reserves the right to modify this definition and this list of eligible organizations from time to time without notice.

ACCME Note:

The ACCME holds accredited providers accountable for ensuring the independence of CME. To ensure independence, it is essential for providers to understand how the ACCME defines a *commercial interest*. This definition sets the standard for determining organizations' eligibility for CME accreditation, as well as their eligibility to participate in joint sponsorship and collaborative relationships with accredited providers. For additional information about types of organizations that are eligible for ACCME accreditation, see: [Determining Your Eligibility for Accreditation](#). This policy is relevant to [Standard for Commercial Support 1: Ensuring Independence in Planning CME Activities](#).

FINANCIAL RELATIONSHIPS AND CONFLICTS OF INTEREST

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

The ACCME has not set a minimum dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship.

With respect to personal **financial relationships**, *contracted research* includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant.

Conflict of Interest: Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

The ACCME considers **financial relationships** to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The ACCME considers “content of CME about the products or services of that commercial interest” to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

With respect to **financial relationships** with commercial interests, when a person divests themselves of a relationship it is immediately not relevant to conflicts of interest but it must be disclosed to the learners for 12 months.

ACCME Note: The ACCME defines financial relationships and conflict of interests as described above. These definitions are relevant to [Standard for Commercial Support 2: Identifying and Resolving Conflicts of Interest](#).

DISCLOSURE OF FINANCIAL RELATIONSHIPS TO THE ACCREDITED PROVIDER

Individuals need to disclose relationships with a commercial interest if both (a) the relationship is financial and occurred within the past 12 months and (b) the individual has the opportunity to affect the content of CME about the products or services of that commercial interest.

ACCME Note: As described in [Standard for Commercial Support 2: Resolution of Personal Conflicts of Interest](#), the ACCME requires CME providers to ensure that those in control of content disclose to the provider all relevant financial relationships. This policy provides additional guidance for complying with that requirement. It is specifically related to Standard for Commercial Support 2.1.

COMMERCIAL SUPPORT: DEFINITION AND GUIDANCE REGARDING WRITTEN AGREEMENTS

Commercial Support is financial, or in-kind, contributions given by a commercial interest which is used to pay all or part of the costs of a CME activity.

When there is commercial support there must be a written agreement that is signed by the commercial interest and the accredited provider prior to the activity taking place.

An accredited provider can fulfill the expectations of SCS 3.4 - 3.6 by adopting a previously executed agreement between an accredited provider and a commercial supporter and indicating in writing their acceptance of the terms and conditions specified and the amount of commercial support they will receive.

A provider will be found in Noncompliance with SCS 1.1 and SCS 3.2 if the provider enters into a commercial support agreement where the commercial supporter specifies the manner in which the provider will fulfill the accreditation requirements.

Element 3.12 of the ACCME's Updated Standards for Commercial Support applies only to physicians whose official residence is in the United States.

ACCME Note: In order to properly manage the receipt of financial or in-kind contributions from an ACCME-defined commercial interest as required by [Standard for Commercial Support 3: Appropriate Use of Commercial Support](#), the provider must understand and apply the ACCME definition of commercial support. This policy also describes the ACCME requirements with regard to written agreements between accredited providers and commercial supporters.

VERBAL DISCLOSURE TO LEARNERS

Disclosure of information about relevant financial relationships may be disclosed verbally to participants at a CME activity. When such information is disclosed verbally at a CME activity, providers must be able to supply the ACCME with written verification that appropriate verbal disclosure occurred at the activity. With respect to this written verification:

1. A representative of the provider who was in attendance at the time of the verbal disclosure must attest, in writing:
 - a. that verbal disclosure did occur; and
 - b. itemize the content of the disclosed information (SCS 6.1); or that there was nothing to disclose (SCS 6.2).
2. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.

ACCME Note: This policy provides guidance about how to document that disclosure to learners of the financial relationships of those who control CME activity content, such as planners, committee members, teachers, editors, and authors has taken place when that disclosure is made verbally. The policy is relevant to [Standard for Commercial Support 6: Disclosures Relevant to Potential Commercial Bias](#).

COMMERCIAL SUPPORT: ACKNOWLEDGMENTS

The provider's acknowledgment of commercial support as required by SCS 6.3 and 6.4 may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

ACCME Note: This policy provides additional explanation for complying with ACCME requirements to disclose to learners the source of commercial support, as specified in [Standard for Commercial Support 6: Disclosures Relevant to Potential Commercial Bias](#). It is specifically relevant to Standards for Commercial Support 6.3 and 6.4.

COMMERCIAL EXHIBITS AND ADVERTISEMENTS

Commercial exhibits and advertisements are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be *commercial support*. However, accredited providers are expected to fulfill the requirements of SCS 4 and to use sound fiscal and business practices with respect to promotional activities.

ACCME Note: This policy provides clarification about the difference between commercial support and commercial exhibits/ advertisements, which are promotional activities. It is relevant to [Standard for Commercial Support 4: Appropriate Management of Commercial Promotion](#).

CME ACTIVITY FORMATS

ENDURING MATERIALS: DEFINITION AND REQUIREMENTS

Because there is no direct interaction between the provider and/or faculty and the learner, the provider must communicate the following information to participants so that they are aware of this information prior to starting the educational activity

1. Principal faculty and their credentials;
2. Medium or combination of media used;
3. Method of physician participation in the learning process;
4. Estimated time to complete the educational activity (same as number of designated credit hours);
5. Dates of original release and most recent review or update; and
6. Termination date (date after which enduring material is no longer certified for credit).

For CME activities including those in which the learner participates electronically (eg., via Internet, CD-ROM, satellite broadcasts), all required ACCME information must be transmitted to the learner prior to the learner beginning the CME activity (also see ACCME's policies regarding disclosure in the Standards for Commercial Support).

Providers that produce enduring materials must review each enduring material at least once every three years or more frequently if indicated by new scientific developments. So, while providers can review and re-release an enduring material every three years (or more frequently), the enduring material cannot be offered as an accredited activity for more than three years without some review on the part of the provider to ensure that the content is still up-to-date and accurate. That review date must be included on the enduring material, along with the original release date and a termination date.

Sometimes providers will create an enduring material from a live CME activity. When this occurs, ACCME considers the provider to have created two separate activities – one live activity and one enduring material activity. Both activities must comply with all ACCME requirements, and the enduring

material activity must comply additionally with all ACCME policies that relate specifically to enduring materials.

ACCME Note: This policy describes ACCME requirements with regard to the ACCME-defined activity type, enduring materials.

The ACCME defines enduring materials as CME activities that are printed, recorded, or accessible online and do not have a specific time or location designated for participation. Rather, the participant determines where and when to complete the activity. Examples: online interactive educational module, recorded presentation, podcast.

INTERNET CME

There are special requirements for Internet CME because of the nature of the activities:

Activity Location: ACCME-accredited providers may not place their CME activities on a Web site owned or controlled by a *commercial interest*.

Links to Product Web sites: With clear notification that the learner is leaving the educational Web site, links from the Web site of an ACCME accredited provider to pharmaceutical and device manufacturers' product Web sites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity.

Transmission of information: For CME activities in which the learner participates electronically (e.g., via Internet, CD-ROM, satellite broadcasts), all required ACCME information must be transmitted to the learner prior to the learner beginning the CME activity.

Advertising: Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads. For computer based CME activities, advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleaved between computer windows or screens of the CME content.

Hardware/Software Requirements: The accredited provider must indicate, at the start of each Internet CME activity, the hardware and software required for the learner to participate.

Provider Contact Information: The accredited provider must have a mechanism in place for the learner to be able to contact the provider if there are questions about the Internet CME activity.

Policy on Privacy and Confidentiality: The accredited provider must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CME activities it provides on the Internet.

Copyright: The accredited provider must be able to document that it owns the copyright for, or has received permissions for use of, or is otherwise permitted to use copyrighted materials within a CME activity on the Internet.

ACCME Note: Activities that are provided electronically, whether they have live or enduring activities, must comply with all accreditation requirements.

JOURNAL CME: DEFINITION AND REQUIREMENTS

A journal-based CME activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s), and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process.

The ACCME considers information required to be communicated before an activity (e.g., disclosure information, disclosure of commercial support, objectives), CME content (e.g., articles, lectures, handouts, and slide copies), content-specific post-tests, and education evaluation all to be elements of a journal-based CME activity.

The educational content of journal CME must be within the ACCME's [Definition of CME](#).

Journal CME activities must comply with all ACCME accreditation requirements. Because of the nature of the activity, there are two additional requirements that journal CME must meet:

1. The ACCME does not consider a journal-based CME activity to have been completed until the learner documents participation in that activity to the provider.
2. **None of the elements of journal-based CME can contain any advertising or product group messages of commercial interests. Disclosure information cannot contain trade names.** The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

REGULARLY SCHEDULED SERIES (RSS): DEFINITION AND REQUIREMENTS

The ACCME defines a regularly scheduled series (RSS) as a course that is planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly; and is primarily planned by and presented to the accredited organization's professional staff. Examples include grand rounds, tumor boards, and morbidity and mortality conferences. ACCME-accredited providers that offer regularly scheduled series must describe and verify that they have a system in place monitor these activities' compliance with ACCME accreditation requirements. The monitoring system must:

1. Be based on real performance data and information derived from the RSS's that describes compliance (in support of Accreditation Criteria 2-11), and
2. Result in improvements when called for by this compliance data (in support of ACCME Criteria 12-15), and
3. Ensure that appropriate ACCME Letters of Agreement are in place whenever funds are contributed in support of CME (in support of the ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities).

Also, the provider is required to make available and accessible to the learners a system through which data and information on a learner's participation can be recorded and retrieved. The critical data and information elements include: learner identifier, name/topic of activity, date of activity, hours of credit designated or actually claimed. The ACCME limits the provider's responsibility in this regard to "access, availability and retrieval." Learners are free to choose not to use this available and accessible system.