
ACCREDITATION CRITERIA

Initial applicants seeking to achieve Provisional Accreditation, a two year term, 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 1–13. Providers also have the option to aim to achieve Accreditation with Commendation, a six-year term. Providers seeking commendation must comply with Criteria 1–13 and choose one of the following two options. Providers that will receive accreditation decisions **between November 2017 and November 2019** will have the choice of using either Option A: Commendation Criteria (C16-C22) or Option B: Menu of New Commendation Criteria (C23-C38) to seek Accreditation with Commendation. Providers that will receive accreditation decisions **after November 2019** must use Option B to seek Accreditation with Commendation. [More information on Accreditation with Commendation options is available here.](#)

[Criterion 1](#) The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

[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 This criterion has been eliminated effective February 2014.

[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).

[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 This criterion has been eliminated effective February 2014.

Criterion 15 This criterion has been eliminated effective February 2014.

OPTION A: 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.

OPTION B: MENU OF NEW CRITERIA FOR ACCREDITATION WITH COMMENDATION

[Criterion 23](#) Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE).

[Criterion 24](#) Patient/public representatives are engaged in the planning and delivery of CME.

[Criterion 25](#) Students of the health professions are engaged in the planning and delivery of CME.

[Criterion 26](#) The provider advances the use of health and practice data for healthcare improvement.

[Criterion 27](#) The provider addresses factors beyond clinical care that affect the health of populations.

[Criterion 28](#) The provider collaborates with other organizations to more effectively address population health issues.

[Criterion 29](#) The provider designs CME to optimize communication skills of learners.

[Criterion 30](#) The provider designs CME to optimize technical and procedural skills of learners.

[Criterion 31](#) The provider creates individualized learning plans for learners.

[Criterion 32](#) The provider utilizes support strategies to enhance change as an adjunct to its CME.

[Criterion 33](#) The provider engages in CME research and scholarship.

[Criterion 34](#) The provider supports the continuous professional development of its CME team.

[Criterion 35](#) The provider demonstrates creativity and innovation in the evolution of its CME program.

[Criterion 36](#) The provider demonstrates improvement in the performance of learners.

[Criterion 37](#) The provider demonstrates healthcare quality improvement.

[Criterion 38](#) The provider demonstrates the impact of the CME program on patients or their communities.

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 the Policies Supplementing the Standards for Commercial Support 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 provider 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 provider.

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 provider, 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 provider, 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 provider 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. (Supplemented February 2014; the information in blue previously appeared in ACCME policies. No changes have been made to the language.) Also, ACCME-accredited providers may not place their CME activities on a Web site owned or controlled by a commercial interest. 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. 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.
- **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.
- (Supplemented, February 2014; the information in blue previously appeared in ACCME policies. No changes have been made to the language.) For **Journal-based CME**, None of the elements of journal-based CME can contain any advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

STANDARD 4.3 Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, [corporate logo](#), trade name or a product-group message of an ACCME-defined commercial interest.

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 [corporate logo](#), trade name or a product-group message [of an ACCME-defined commercial interest](#).

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