



Accreditation Council™
for Continuing Medical Education

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The ACCME Accreditation Requirements

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Note for the December 2020 edition: In this edition, we included the reorganized Accreditation Criteria and the Standards for Integrity and Independence in Accredited Continuing Education.

Accreditation Criteria

Initial applicants seeking to achieve Provisional Accreditation, a two-year term, must comply with the following Core Accreditation Criteria: Mission, Program Analysis, Educational Needs, Designed to Change, and Analyzes Change.

Providers seeking Accreditation, a four year-year term, must comply with all the Core Accreditation Criteria. Accredited providers also have the option to seek Accreditation with Commendation, a six-year term. See the explanation below.

All providers must comply with the applicable Standards for Integrity and Independence in Accredited Continuing Education and applicable policies.

Core Accreditation Criteria	
CME Mission and Program Improvement	
Mission	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. (formerly Criterion 1)
Program Analysis	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. (formerly Criterion 12)
Program Improvements	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. (formerly Criterion 13)

Educational Planning and Evaluation	
Educational Needs	The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners. (formerly Criterion 2)
Designed to Change	The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement. (formerly Criterion 3)
Appropriate Formats	The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. (formerly Criterion 5)
Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies). (formerly Criterion 6)
Analyzes Change	The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions. (formerly Criterion 11)

Menu of Criteria for Accreditation with Commendation (optional)

To be eligible for Accreditation with Commendation, CME providers must demonstrate compliance with all of the Core Accreditation Criteria, in addition to eight criteria from the commendation menu. Choosing from the menu, providers need to demonstrate compliance with any seven criteria of their choice, from any category, plus one criterion from the “Achieves Outcomes” category, for a total of **eight** criteria.

All providers must demonstrate compliance with the applicable Standards for Integrity and Independence in Accredited Continuing Education and applicable policies.

Promotes Team-based Education

Engages Teams	Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE). (formerly Criterion 23)
Engages Patients/Public	Patient/public representatives are engaged in the planning and delivery of CME. (formerly Criterion 24)
Engages Students	Students of the health professions are engaged in the planning and delivery of CME. (formerly Criterion 25)

Addresses Public Health Priorities

Advances Data Use	The provider advances the use of health and practice data for healthcare improvement. (formerly Criterion 26)
Addresses Population Health	The provider addresses factors beyond clinical care that affect the health of populations. (formerly Criterion 27)
Collaborates Effectively	The provider collaborates with other organizations to more effectively address population health issues. (formerly Criterion 28)

Enhances Skills

Optimizes Communication Skills	The provider designs CME to optimize communication skills of learners. (formerly Criterion 29)
Optimizes Technical/Procedural Skills	The provider designs CME to optimize technical and procedural skills of learners. (formerly Criterion 30)
Creates Individualized Learning Plans	The provider creates individualized learning plans for learners. (formerly Criterion 31)
Utilizes Support Strategies	The provider utilizes support strategies to enhance changes as an adjunct to its CME. (formerly Criterion 32)

Demonstrates Educational Leadership

Engages in Research/Scholarship	The provider engages in CME research and scholarship. (formerly Criterion 33)
Supports CPD for CME Team	The provider supports the continuous professional development of its CME team. (formerly Criterion 34)
Demonstrates Creativity/Innovation	The provider demonstrates creativity and innovation in the evolution of its CME program. (formerly Criterion 35)

Achieves Outcomes

Improves Performance	The provider demonstrates improvement in the performance of learners. (formerly Criterion 36)
Improves Healthcare Quality	The provider demonstrates healthcare quality improvement. (formerly Criterion 37)
Improves Patient/Community Health	The provider demonstrates the impact of the CME program on patients or their communities. (formerly Criterion 38)

MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION

CRITERION		RATIONALE	CRITICAL ELEMENTS	STANDARD
Promotes Team-based Education				
Engages Teams	Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE). (formerly C23)	Interprofessional continuing education (IPCE) occurs when members from two or more professions learn with, from, and about each other to enable effective interprofessional collaborative practice and improve health outcomes. This criterion recognizes accredited providers that work collaboratively with multiple health professions to develop IPCE.	<ul style="list-style-type: none"> Includes planners from more than one profession (representative of the target audience) AND Includes faculty from more than one profession (representative of the target audience) AND Activities are designed to change competence and/or performance of the healthcare team. 	<p>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.</p> <p>At review, submit evidence for this number of activities:* S=2; M=4; L=6; XL=8</p>
Engages Patients/Public	Patient/public representatives are engaged in the planning and delivery of CME. (formerly C24)	Accredited continuing medical education (CME) is enhanced when it incorporates the interests of the people who are served by the healthcare system. This can be achieved when patients and/or public representatives are engaged in the planning and delivery of CME. This criterion recognizes providers that incorporate patient and/or public representatives as planners and faculty in the accredited program.	<ul style="list-style-type: none"> Includes planners who are patients and/or public representatives AND Includes faculty who are patients and/or public representatives 	<p>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.</p> <p>At review, submit evidence for this number of activities:* S=2; M=4; L=6; XL=8</p>
Engages Students	Students of the health professions are engaged in the planning and delivery of CME. (formerly C25)	This criterion recognizes providers for building bridges across the healthcare education continuum and for creating an environment that encourages students of the health professions and practicing healthcare professionals to work together to fulfill their commitment to lifelong learning. For the purpose of this criterion, students refers to students of any of the health professions, across the continuum of healthcare education, including professional schools and graduate education.	<ul style="list-style-type: none"> Includes planners who are students of the health professions AND Includes faculty who are students of the health professions 	<p>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.</p> <p>At review, submit evidence for this number of activities:* S=2; M=4; L=6; XL=8</p>

*Program Size by Activities per Term: S=small <39; M=medium: 40-100; L=large: 101-250; XL=extra-large: >250

MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION

CRITERION		RATIONALE	CRITICAL ELEMENTS	STANDARD
Addresses Public Health Priorities				
Advances Data Use	The provider advances the use of health and practice data for healthcare improvement. (formerly C26)	The collection, analysis, and synthesis of health and practice data/information derived from the care of patients can contribute to patient safety, practice improvement, and quality improvement. Health and practice data can be gleaned from a variety of sources; some examples include electronic health records, public health records, prescribing datasets, and registries. This criterion will recognize providers that use these data to teach about health informatics and improving the quality and safety of care.	<ul style="list-style-type: none"> Teaches about collection, analysis, or synthesis of health/practice data <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Uses health/practice data to teach about healthcare improvement 	Demonstrate the incorporation of health and practice data into the provider's educational program with examples from this number of activities:* S=2; M=4; L=6; XL=8
Addresses Population Health	The provider addresses factors beyond clinical care that affect the health of populations. (formerly C27)	This criterion recognizes providers for expanding their CME programs beyond clinical care education to address factors affecting the health of populations. Some examples of these factors include health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population's physical environment.	<ul style="list-style-type: none"> Teaches strategies that learners can use to achieve improvements in population health 	<p>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.</p> <p>At review, submit evidence for this number of activities:* S=2; M=4; L=6; XL=8</p>
Collaborates Effectively	The provider collaborates with other organizations to more effectively address population health issues. (formerly C28)	Collaboration among people and organizations builds stronger, more empowered systems. This criterion recognizes providers that apply this principle by building collaborations with other organizations that enhance the effectiveness of the CME program in addressing community/population health issues.	<ul style="list-style-type: none"> Creates or continues collaborations with one or more healthcare or community organization(s) <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Demonstrates that the collaborations augment the provider's ability to address population health issues 	Demonstrate the presence of collaborations that are aimed at improving population health with four examples from the accreditation term.

*Program Size by Activities per Term: S=small <39; M=medium: 40-100; L=large: 101-250; XL=extra-large: >250

MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION

CRITERION	RATIONALE	CRITICAL ELEMENTS	STANDARD
Enhances Skills			
Optimizes Communication Skills	The provider designs CME to optimize communication skills of learners. (formerly C29)	<p>Communication skills are essential for professional practice. Communication skills include verbal, nonverbal, listening, and writing skills. Some examples are communications with patients, families, and teams; and presentation, leadership, teaching, and organizational skills. This criterion recognizes providers that help learners become more self-aware of their communication skills and offer CME to improve those skills.</p> <ul style="list-style-type: none"> Provides CME to improve communicationskills AND Includes an evaluation of observed(e.g.,in person or video) communicationskills AND Provides formative feedback to the learnerabout communication skills 	At review, submit evidence for this number of activities:* S=2; M=4; L=6; XL=8
Optimizes Technical/ Procedural Skills	The provider designs CME to optimize technical and procedural skills of learners. (formerly C30)	<p>Technical and procedural skills that are psychomotor in nature are essential to many aspects of professional practice, and need to be learned, updated, reinforced, and reassessed. Some examples of these skills are operative skill, device use, procedures, physical examination, specimen preparation, resuscitation, and critical incident management. This criterion recognizes providers that offer CME to help learners gain, retain, or improve technical and/or procedural skills.</p> <ul style="list-style-type: none"> Provides CME addressing psychomotortechnical and/or procedural skills AND Includes an evaluation of observed (e.g., in person or video) psychomotortechnicaland/or procedural skill AND Provides formative feedback to the learnerabout psychomotor technical and/or proceduralskill 	At review, submit evidence for this number of activities:* S=2; M=4; L=6; XL=8
Creates Individualized Learning Plans	The provider creates individualized learning plans for learners. (formerly C31)	<p>This criterion recognizes providers that develop individualized educational planning for the learner; customize an existing curriculum for the learner; track learners through a curriculum; or work with learners to create a self-directed learning plan where the learner assesses their own gaps and selects content to address those gaps. The personalized education needs to be designed to close the individual's professional practice gaps over time.</p> <ul style="list-style-type: none"> Tracks the learner's repeated engagement with a longitudinal curriculum/plan over weeks or months AND Provides individualized feedback to thelearnerto close practice gaps 	At review, submit evidence of repeated engagement and feedback for this number of learners:* S=25; M=75; L=125; XL=200
Utilizes Support Strategies	The provider utilizes support strategies to enhance change as an adjunct to its CME. (formerly C32)	<p>This criterion recognizes providers that create, customize, or make available supplemental services (e.g., reminders) and/or resources (e.g., online instructional material, apps) that are designed to reinforce or sustain change.</p> <ul style="list-style-type: none"> Utilizes support strategies to enhance changeas an adjunct to CME activities AND Conducts a periodic analysis to determine the effectiveness of the support strategies, andplans improvements 	<p>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.</p> <p>At review, submit evidence for this number of activities:* S=2; M=4; L=6; XL=8</p>

*Program Size by Activities per Term: S=small <39; M=medium: 40-100; L=large: 101-250; XL=extra-large: >250

MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION

CRITERION	RATIONALE	CRITICAL ELEMENTS	STANDARD	
Demonstrates Educational Leadership				
Engages in Research/Scholarship	The provider engages in CME research and scholarship. (formerly C33)	Engagement by CME providers in the scholarly pursuit of research related to the effectiveness of and best practices in CME supports the success of the CME enterprise. Participation in research includes developing and supporting innovative approaches, studying them, and disseminating the findings.	<ul style="list-style-type: none"> • Conducts scholarly pursuit relevant to CME <li style="text-align: center;">AND • Submits, presents, or publishes a poster, abstract, or manuscript to or in a peer-reviewed forum 	At review, submit description of two projects completed during the accreditation term and the dissemination method used for each.
Supports CPD for CME Team	The provider supports the continuous professional development of its CME team. (formerly C34)	The participation of CME professionals in their own continuing professional development (CPD) supports improvements in their CME programs and advances the CME profession. This criterion recognizes providers that enable their CME team to participate in CPD in domains relevant to the CME enterprise. The CME team are those individuals regularly involved in the planning and development of CME activities, as determined by the provider.	<ul style="list-style-type: none"> • Creates a CME-related continuous professional development plan for all members of its CME team <li style="text-align: center;">AND • Learning plan is based on needs assessment of the team <li style="text-align: center;">AND • Learning plan includes some activities external to the provider <li style="text-align: center;">AND • Dedicates time and resources for the CME team to engage in the plan 	At review, submit description showing that the plan has been implemented for the CME team during the accreditation term.
Demonstrates Creativity/Innovation	The provider demonstrates creativity and innovation in the evolution of its CME program. (formerly C35)	This criterion recognizes CME providers that meet the evolving needs of their learners by implementing innovations in their CME program in areas such as education approaches, design, assessment, or use of technology.	<ul style="list-style-type: none"> • Implements an innovation that is new for the CME program <li style="text-align: center;">AND • The innovation contributes to the provider's ability to meet its mission. 	At review, submit descriptions of four examples during the accreditation term.

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MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION

CRITERION		RATIONALE	CRITICAL ELEMENTS	STANDARD
Achieves Outcomes				
Improves Performance	The provider demonstrates improvement in the performance of learners. (formerly C36)	Research has shown that accredited CME can be an effective tool for improving individuals' and groups' performance in practice. This criterion recognizes providers that can demonstrate the impact of their CME program on the performance of individual learners or groups.	<ul style="list-style-type: none"> • Measures performance changes of learners <li style="text-align: center;">AND • Demonstrates improvements in the performance of learners 	<p>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.</p> <p>At review, submit evidence for this number of activities:* S=2; M=4; L=6; XL=8</p>
Improves Healthcare Quality	The provider demonstrates healthcare quality improvement. (formerly C37)	CME has an essential role in healthcare quality improvement. This criterion recognizes providers that demonstrate that their CME program contributes to improvements in processes of care or system performance.	<ul style="list-style-type: none"> • Collaborates in the process of healthcare quality improvement <li style="text-align: center;">AND • Demonstrates improvement in healthcare quality 	Demonstrate healthcare quality improvement related to the CME program twice during the accreditation term.
Improves Patient/Community Health	The provider demonstrates the impact of the CME program on patients or their communities. (formerly C38)	Our shared goal is to improve the health of patients and their families. This criterion recognizes providers that demonstrate that the CME program contributed to improvements in health-related outcomes for patients or their communities.	<ul style="list-style-type: none"> • Collaborates in the process of improving patient or community health <li style="text-align: center;">AND • Demonstrates improvement in patient or community outcomes 	Demonstrate improvement in patient or community health in areas related to the CME program twice during the accreditation term.

*Program Size by Activities per Term: S=small <39; M=medium: 40-100; L=large: 101-250; XL=extra-large: >250

Standards for Integrity and Independence in Accredited Continuing Education

The health professions are not only defined by expertise, but also by a dedication to put service of others above self-interest. When individuals enter the healthcare professions, they commit to upholding professional and ethical standards including acting in a patient's best interests, protecting the patient from harm, respecting the patient, fostering informed choices, and promoting equity in healthcare.

While the interests of healthcare and business sometimes diverge, both are legitimate, and collaboration between healthcare professionals and industry can advance patient care. Since healthcare professionals serve as the legally mandated gatekeepers of medications and devices, and trusted authorities when advising patients, they must protect their learning environment from industry influence to ensure they remain true to their ethical commitments.

As the stewards of the learning environment for healthcare professionals, the accredited continuing education community plays a critical role in navigating the complex interface between industry and the health professions. Organizations accredited to provide continuing education, known as accredited providers, are responsible for ensuring that healthcare professionals have access to learning and skill development activities that are trustworthy and are based on best practices and high-quality evidence. These activities must serve the needs of patients and not the interests of industry.

This independence is the cornerstone of accredited continuing education. Accredited continuing education must provide healthcare professionals, as individuals and teams, with a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.

The Accreditation Council for Continuing Medical Education (ACCME[®]) acts as the steward of the Standards for Integrity and Independence in Accredited Continuing Education, which have been drafted to be applicable to accredited continuing education across the health professions. The Standards are designed to:

- Ensure that accredited continuing education serves the needs of patients and the public.
- Present learners with only accurate, balanced, scientifically justified recommendations.
- Assure healthcare professionals and teams that they can trust accredited continuing education to help them deliver safe, effective, cost-effective, compassionate care that is based on best practice and evidence.
- Create a clear, unbridgeable separation between accredited continuing education and marketing and sales.

Terms used for the first time are written in *blue italics*, followed by the definition for the term.

Eligibility

The ACCME is committed to ensuring that accredited continuing education (1) presents learners with only accurate, balanced, scientifically justified recommendations, and (2) protects learners from promotion, marketing, and commercial bias. To that end, the ACCME has established the following guidance on the types of organizations that may be eligible to be accredited in the ACCME System. The ACCME, in its sole discretion, determines which organizations are awarded ACCME accreditation.

Types of Organizations That May Be Accredited in the ACCME System

Organizations eligible to be accredited in the ACCME System (*eligible organizations*) are those whose mission and function are: (1) providing clinical services directly to patients; or (2) the education of healthcare professionals; or (3) serving as fiduciary to patients, the public, or population health; and other organizations that are not otherwise ineligible. Examples of such organizations include:

- Ambulatory procedure centers
- Blood banks
- Diagnostic labs that do not sell proprietary products
- Electronic health records companies
- Government or military agencies
- Group medical practices
- Health law firms
- Health profession membership organizations
- Hospitals or healthcare delivery systems
- Infusion centers
- Insurance or managed care companies
- Nursing homes
- Pharmacies that do not manufacture proprietary compounds
- Publishing or education companies
- Rehabilitation centers
- Schools of medicine or health science universities
- Software or game developers

Types of Organizations That *Cannot* Be Accredited in the ACCME System

Companies that are ineligible to be accredited in the ACCME System (*ineligible companies*) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of such organizations include:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

Owners and Employees of Ineligible Companies

The *owners* and *employees* of ineligible companies are considered to have unresolvable financial relationships and must be excluded from participating as planners or faculty, and must not be allowed to influence or control any aspect of the planning, delivery, or evaluation of accredited continuing education, except in the limited circumstances outlined in Standard 3.2.

Owners and employees are individuals who have a legal duty to act in the company's best interests. Owners are defined as individuals who have an ownership interest in a company, except for stockholders of publicly traded companies, or holders of shares through a pension or mutual fund. Employees are defined as individuals hired to work for another person or business (the employer) for compensation and who are subject to the employer's direction as to the details of how to perform the job.

Ineligible companies are prohibited from engaging in *joint providership* with accredited providers. Joint providership enables accredited providers to work with nonaccredited eligible organizations to deliver accredited education.

The ACCME determines eligibility for accreditation based on the characteristics of the organization seeking accreditation and, if applicable, any parent company. Subsidiaries of an ineligible parent company cannot be accredited regardless of steps taken to firewall the subsidiaries. If an eligible parent company has an ineligible subsidiary, the owners and employees of the ineligible subsidiary must be excluded from accredited continuing education except in the limited circumstances outlined in Standard 3.2.

Standard 1: Ensure Content is Valid

Standard 1 applies to all accredited continuing education.

Accredited providers are responsible for ensuring that their education is fair and balanced and that any clinical content presented supports safe, effective patient care.

1. All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
2. All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
3. Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
4. Organizations cannot be accredited if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

Standard 2: Prevent Commercial Bias and Marketing in Accredited Continuing Education

Standard 2 applies to all accredited continuing education.

Accredited continuing education must protect learners from commercial bias and marketing.

1. The accredited provider must ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company.
2. Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
3. The accredited provider must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.

Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships

Standard 3 applies to all accredited continuing education.

Many healthcare professionals have financial relationships with ineligible companies. These relationships must not be allowed to influence accredited continuing education. The accredited provider is responsible for identifying *relevant financial relationships* between individuals in control of educational content and ineligible companies and managing these to ensure they do not introduce commercial bias into the education. Financial relationships of any dollar amount are defined as relevant if the educational content is related to the business lines or products of the ineligible company.

Accredited providers must take the following steps when developing accredited continuing education. Exceptions are listed at the end of Standard 3.

1. **Collect information:** Collect information from all planners, faculty, and others in control of educational content about **all** their financial relationships with ineligible companies within the prior **24** months. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education.

Disclosure information must include:

- a. The name of the ineligible company with which the person has a financial relationship.
 - b. The nature of the financial relationship. Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.
2. **Exclude owners or employees of ineligible companies:** Review the information about financial relationships to identify individuals who are owners or employees of ineligible companies. These individuals must be excluded from controlling content or participating as planners or faculty in accredited education. There are three exceptions to this exclusion—employees of ineligible companies can participate as planners or faculty in these specific situations:
 - a. When the content of the activity is not related to the business lines or products of their employer/company.
 - b. When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
 - c. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.
 3. **Identify relevant financial relationships:** Review the information about financial relationships to determine which relationships are relevant. Financial relationships are relevant if the educational content an individual can control is related to the business lines or products of the ineligible company.
 4. **Mitigate relevant financial relationships:** Take steps to prevent all those with relevant financial relationships from inserting commercial bias into content.
 - a. Mitigate relationships prior to the individuals assuming their roles. Take steps appropriate to the role of the individual. For example, steps for planners will likely be different than for faculty and would occur before planning begins.
 - b. Document the steps taken to mitigate relevant financial relationships.

5. **Disclose all relevant financial relationships to learners:** Disclosure to learners must include each of the following:
- The names of the individuals with relevant financial relationships.
 - The names of the ineligible companies with which they have relationships.
 - The nature of the relationships.
 - A statement that all relevant financial relationships have been mitigated.

Identify ineligible companies by their name only. Disclosure to learners must not include ineligible companies' corporate or product logos, trade names, or product group messages.

Disclose absence of relevant financial relationships. Inform learners about planners, faculty, and others in control of content (either individually or as a group) with no relevant financial relationships with ineligible companies.

Learners must receive disclosure information, in a format that can be verified at the time of accreditation, before engaging with the accredited education.

Exceptions: Accredited providers do **not** need to identify, mitigate, or disclose relevant financial relationships for any of the following activities:

- Accredited education that is non-clinical, such as leadership or communication skills training.
- Accredited education where the learner group is in control of content, such as a spontaneous case conversation among peers.
- Accredited self-directed education where the learner controls their educational goals and reports on changes that resulted, such as learning from teaching, remediation, or a personal development plan. When accredited providers serve as a source of information for the self-directed learner, they should direct learners only to resources and methods for learning that are not controlled by ineligible companies.

Standard 4: Manage Commercial Support Appropriately

Standard 4 applies only to accredited continuing education that receives financial or in-kind support from ineligible companies.

Accredited providers that choose to accept **commercial support** (defined as financial or in-kind support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education. The support does not establish a financial relationship between the ineligible company and planners, faculty, and others in control of content of the education.

- Decision-making and disbursement:** The accredited provider must make all decisions regarding the receipt and disbursement of the commercial support.
 - Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
 - The accredited provider may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
 - The accredited provider must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.
 - The accredited provider may use commercial support to defray or eliminate the cost of the education for *all* learners.

2. **Agreement:** The terms, conditions, and purposes of the commercial support must be documented in an agreement between the ineligible company and the accredited provider. The agreement must be executed prior to the start of the accredited education. An accredited provider can sign onto an existing agreement between an accredited provider and a commercial supporter by indicating its acceptance of the terms, conditions, and amount of commercial support it will receive.
3. **Accountability:** The accredited provider must keep a record of the amount or kind of commercial support received and how it was used, and must produce that accounting, upon request, by the accrediting body or by the ineligible company that provided the commercial support.
4. **Disclosure to learners:** The accredited provider must disclose to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education. Disclosure must not include the ineligible companies' corporate or product logos, trade names, or product group messages.

Standard 5: Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education

Standard 5 applies only when there is marketing by ineligible companies or nonaccredited education associated with the accredited continuing education.

Accredited providers are responsible for ensuring that education is separate from marketing by ineligible companies—including advertising, sales, exhibits, and promotion—and from nonaccredited education offered in conjunction with accredited continuing education.

1. Arrangements to allow ineligible companies to market or exhibit in association with accredited education must not:
 - a. Influence any decisions related to the planning, delivery, and evaluation of the education.
 - b. Interfere with the presentation of the education.
 - c. Be a condition of the provision of financial or in-kind support from ineligible companies for the education.
2. The accredited provider must ensure that learners can easily distinguish between accredited education and other activities.
 - a. Live continuing education activities: Marketing, exhibits, and nonaccredited education developed by or with influence from an ineligible company or with planners or faculty with unmitigated financial relationships must not occur in the educational space within 30 minutes before or after an accredited education activity. Activities that are part of the event but are not accredited for continuing education must be clearly labeled and communicated as such.
 - b. Print, online, or digital continuing education activities: Learners must not be presented with marketing while engaged in the accredited education activity. Learners must be able to engage with the accredited education without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisement.
 - c. Educational materials that are part of accredited education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.
 - d. Information distributed about accredited education that does not include educational content, such as schedules and logistical information, may include marketing by or for an ineligible company.
3. Ineligible companies may not provide access to, or distribute, accredited education to learners.