Informational Report

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 7-A-12

Subject: Opposition to Increased CME Provider Fees

Presented by: David E. Swee, MD, Chair

This is an informational report that responds to Policy D-300.980 (AMA Policy Database), "Opposition to Increased Continuing Medical Education (CME) Provider Fees," which calls for: the Council on Medical Education to report back to the House of Delegates at its 2012 Annual Meeting as to the status of the costs of CME and what further actions, if any, need to be taken.

Policy D-300.980, "Opposition to Increased Continuing Medical Education (CME) Provider Fees," states that:

> Our AMA will (a) communicate its appreciation to the Accreditation Council for Continuing Medical Education (ACCME) Board of Directors for their responsiveness to AMA's requests this past year; (b) continue to work with the ACCME and the American Osteopathic Association to: (i) reduce the financial burden of institutional accreditation and state recognition; (ii) reduce bureaucracy in these processes; (iii) improve continuing medical education; and (iv) encourage the ACCME to show that the updated accreditation criteria improves patient care; and (c) continue to work with the ACCME to (i) mandate meaningful involvement of state medical societies in the policies that affect recognition; and (ii) reconsider the fee increases to be paid by the state accredited providers to ACCME.
>
> Our AMA will continue to work with the ACCME to accomplish the directives in Policy D-300.980, "Opposition to Increased Continuing Medical Education (CME) Provider Fees."
>
> The Council on Medical Education will monitor the results of the activities addressing policy D-300.980 with a report back to the House of Delegates at its 2012 Annual Meeting as to the status of the costs of CME and what further actions, if any, need to be taken. (CME Report 14-A-10; Appended: CME Report 9-A-11)

BACKGROUND

The AMA is a founding member of the ACCME. Since 1981 the AMA has required that US organizations that wish to designate and award *AMA PRA Category 1 Credits*™ first be accredited by the ACCME or a state medical society (SMS) recognized as a state accreditor by the ACCME. The AMA has not accorded this privilege to any other US accreditation programs. Licensing boards, specialty certification boards and other credentialing bodies accept *AMA PRA Category 1 Credit*™ for the purpose of meeting CME requirements.

The ACCME's Executive Summary of its December 2011 Board of Director's (BOD) Meeting notes that there are 2,077 CME providers accredited through the entire ACCME system. Of these 695 (33.5%) are accredited directly by ACCME, and 1,382 (66.5%) are accredited by the 45 SMS recognized by ACCME to provide intrastate accreditation programs. According to the ACCME 2010 Annual Report, the last year for which summary data is currently available, SMS accredited

CME providers produced approximately 46,337 (36.2%) of all activities that were certified for *AMA PRA Category 1 Credit*™. The majority of these SMS accredited providers are community hospitals that provide local programming for their affiliated physicians.

The ACCME had been charging an annual $40 fee for each SMS accredited provider since 1990. That fee increased to $80/year in 2005. In 2008, the ACCME announced that it would increase the annual charge for each state accredited provider from $80 to $550. That decision was later modified and the ACCME is phasing in the new fees annually: $250 in 2011; $450 in 2012; and $550 in 2013. It should be noted that state accredited CME providers also pay fees to the SMS that directly provides accreditation and support services within their jurisdictions.

This is the third report in as many years from the Council on Medical Education to the AMA HOD on this issue (previous reports were CME Report 14-A-10 in response to Resolution 302-A-09, and CME Report 9-A-11). CME Report 14-A-10 concluded that, "The studies show that the threat to the continued sustainability of the intrastate CME accreditation system is real," and that, "The combined effect of the ACCME updated criteria, markers of equivalency, and increased fees for intrastate providers is that a significant number of local CME providers have left the system or are contemplating doing so in the future." Similarly, among the conclusions from CME Report 9-A-11 was: "Previous AMA studies showed that the combined effect of the ACCME updated criteria and increased fees for intrastate providers was the reason many local CME providers were considering withdrawing from accreditation. The continued annual decrease in the numbers of state CME providers confirms that this is, in fact, occurring. The Council recognizes that if the ACCME/SMS accreditation process is too costly or burdensome there may be fewer local CME providers willing to maintain accreditation in order to provide CME activities that are certified for *AMA PRA Category 1 Credits*™." Both reports also acknowledged that actions taken by the ACCME BOD indicate that the ACCME is willing to work with the AMA and other CME stakeholders to address concerns regarding the costs/resources required for CME provider accreditation and state recognition. For each of these past reports the HOD asked the Council on Medical Education to continue to monitor and report back on this issue.

CURRENT STATE OF THE INTRASTATE CME ACCREDITATION SYSTEM

The number of intrastate CME providers accredited through the SMS intrastate system has continued to decline. Data provided by the ACCME indicate that since 2006, intrastate CME providers have declined by 303 (1,684 providers in 2006 to 1,382 in December 2011), or 17.9%. The decrease for this past year is 68 CME providers (4.7%) [See Table 1].

Table 1. Decline of Intrastate Accredited CME Providers

Year	Number of Providers	% Change from 2006
2006	1684	
2007	1663	1.2%
2008	1601	4.9%
2009	1518	9.9%
2010	1450	13.8%
2011	1382	17.9%

2006-2010 data are from ACCME Annual Reports, and 2011 data are from ACCME's Executive Summary of its December 2011 Board of Director's Meeting.

The ACCME Annual Reports also describe that from 2006 to 2010 aspects of programming by SMS accredited providers declined in terms of the number of activities presented (17.7%), hours of programming (16.1%), and physician participants (24.1%). Again, this reflects what is happening with providers who produce certified-CME activities at the local level close to the point-of-care.

Historically, the level of commercial/industry funding for SMS accredited providers has been significantly lower than that for ACCME accredited providers. In 2006, ACCME-accredited providers received 50.3% of their revenues from commercial support while commercial support accounted for only 29.3% of the revenues for SMS accredited providers. In 2010, ACCME accredited providers received 37% of their revenues from commercial support while commercial support had dropped to 11.5% of the revenues for SMS accredited providers.

AMA AND ACCME ACTIONS RESPONDING TO POLICY D-300.980

Besides the actions described in the previous two reports, the AMA also communicated with the ACCME by letter on August 8, 2011 concerning the HOD's policy directive. Dialog concerning this policy continued throughout the year in meetings between ACCME and AMA Medical Education staff leadership, in ACCME meetings with staff liaisons of its member organizations, and at meetings of the ACCME BOD. The ACCME responded on December 16, 2011 to the various components of the policy (See Appendix).

SUMMARY AND CONCLUSIONS

The AMA has a long history of advocating for local CME and for the SMS system that accredits intrastate CME providers that produce CME activities that are certified for *AMA PRA Category 1 Credits*™. The Council on Medical Education has monitored results of the recommendations from Policy D-300.980 for the past three years and the ACCME BOD has been amenable to discussing AMA concerns.

While the fee increase announced in 2008 was not rescinded, its implementation is now being phased in through 2013, probably providing some relief to state accredited providers. Documenting/complying with all accreditation criteria continues to be a challenge for SMS accredited CME providers and the number of SMS accredited providers continues to decline as has the number of physicians who attend certified CME from these local CME providers. In December 2009, the ACCME BOD created a Board Task Force to explore strategies for clarifying the requirements, eliminating redundancies, and reducing the documentation requirements for providers. This Task Force reported back to the ACCME Board in November 2010. The ACCME reports that it continues to be actively engaged in ongoing discussions and that some of the "simplification" changes associated with the Task Force's work have already been implemented. For the past three years, the AMA has advocated for reduced fees and changes to the existing ACCME accreditation system. The Council on Medical Education will continue to monitor the activities and fees of the ACCME but does not have any recommendations for additional actions to be taken at this time.

APPENDIX – Letter to AMA from the Accreditation Council for Continuing Medical Education

December 16, 2011

David Swee, MD
Chair, Council on Medical Education and
Susan Skochelak, MD
Vice President for Education
American Medical Association
515 N. State Street
Chicago, Illinois, 60654

Dear Doctor Swee and Doctor Skochelak,

We are writing in follow up to the Council's letters of August 17, 2010 and August 8, 2011 to the Accreditation Council of Continuing Medical Education regarding the Council of Medical Education's follow up of the 2010 AMA Policy D-300.980[1]. The ACCME is very pleased with the open and constructive communications channels that have been established in the past two years between the ACCME and the Council on Medical Education. The information contained herein is supplementary to that provided to the AMA in the ACCME's letter of February 27, 2011 (attached for your reference.) We are hopeful that the information we are submitting will assist you in providing a useful report to the AMA's House of Delegates.

1 **Regarding**, *"1) That our AMA communicate its appreciation to the Accreditation Council for Continuing Medical Education (ACCME) Board of Directors for their responsiveness to AMA's requests this past year. (Directive to take action)"*

The ACCME is grateful for the AMA's acknowledgment of the ACCME's responsiveness to the AMA's communications.

2 **Regarding**,*"2). That our AMA continue to work with the ACCME to: a) reduce the financial burden of institutional accreditation and state recognition" and "b) reduce bureaucracy in these processes and " ... the ongoing concern that increasing CME provider fees may cause local and state level providers to stop providing CME due to additional financial burdens."*

The ACCME allocates about 35% of its resources to the SMS system. In 2011, the ACCME received 8% of its revenue from the SMS system. By 2013, this recovery is projected to rise to 16%. In 2011 the nationally accredited providers covered 92% of the ACCME's costs incurred in support of the SMS system.

Regarding the $$ cost of institutional accreditation for ACCME accredited providers,

[1] Our AMA will **(a)** communicate its appreciation to the Accreditation Council for Continuing Medical Education (ACCME) Board of Directors for their responsiveness to AMA's requests this past year; **(b)** continue to work with the ACCME and the American Osteopathic Association: **(i)** reduce the financial burden of institutional accreditation and state recognition; **(ii)** reduce bureaucracy in these processes, **(iii)** improve continuing medical education, and **(iv)** encourage the ACCME to show that the updated accreditation criteria improve patient care; and **(c)** continue to work with the ACCME to **(i)** mandate meaningful involvement of state medical societies in the policies that affect recognition and **(ii)** reconsider the fee increases to be paid by the state accredited providers to ACCME.

- The ACCME reduced the cost of an accreditation survey by about $1000 per provider when the ACCME switched in 2009 to telephone surveys for reaccreditation.
- ACCME supplies all its well used on-line educational resources and its well attended webinar sessions for free.
- Opportunity costs have been reduced by accreditation process improvements (e.g., simplified self study report for reaccreditation, less documentation required, automated file sampling process, rate of 2nd Progress Reports reduced through special and free educational interventions.)
- The ACCME has avoided large fee increases to the ACCME accredited providers by shifting a portion of the ACCME's overall expenses to the SMS system, as the beneficiary of approximately 35% of the ACCME's products and services.

Regarding the $$ cost of state medical society Recognition by the ACCME

- There have been no ACCME fees charged to the SMS for Recognition since 2006.
- Opportunity costs have been reduced by process improvements to Recognition (e.g., simplifying requirements through the 2007 Markers of Equivalency; discontinuing the self-study report process for Recognition as a result of the new, 2011 Maintenance of Recognition process).
- Direct costs for the SMSs have been avoided because of the ACCME's donation of ACCME's staff, products and services to its SMS colleagues in accreditation (e.g., ACCME training of SMS staff, SMSs use ACCME accreditation resources, SMS providers use ACCME web resources for education.)
- The ACCME has donated its very well received Provider Activity Recording System (PARS) to the SMS system to replace their local solutions for collecting annual report and accreditation information. Already 700+ providers from 24 of the 44 Recognized states are moving to this platform at the ACCME's expense. The ACCME is not recovering any of the $300,000+ the ACCME spent developing this system.

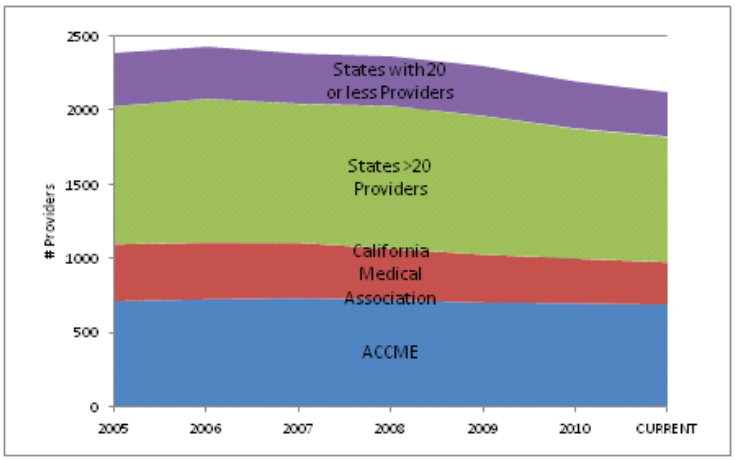
Regarding the $$ cost of institutional accreditation for state medical society accredited providers

- Since the 1990's the ACCME has charged the SMS a fee for each accredited provider. It was $40 in 1990, it was $80 in 2005, and it was $250 in 2011 and will be $550 in 2013. In 2008, 2009 and 2010 we were offered the opportunity to make the business case for these fees to SMS CEO's, SMS CME committees and to the SMS accredited providers themselves. In 2011, these fees were submitted by the accredited providers from all the Recognized state medical societies.
- During the 2009, 2010 and 2011 budgeting processes at the ACCME, all ACCME fees were examined. In 2009, the ACCME did delay the implementation of the $550 fee by using a stepwise strategy of $250, $450 and then $550 in 2013. In 2010 and 2011, the ACCME reconsidered these fees again and decided to continue as planned in 2011 and 2012 despite raising fees to the nationally accredited providers.
- In 2011, the ACCME allocated about 35% of its resources to the SMS system and received 8% of its revenue from the SMS system. As an example of the supports available, a catalogue of the educational resources provided by the ACCME to the SMS is attached.
- By 2013, this recovery is projected to rise to 16% of ACCME expenses with the implementation of the $450 and the $550 fee in 2012 and 2013.

- The ACCME does not control, or monitor, the fees the state accredited providers pay to the state medical societies to support the SMS's accreditation program.
- The ACCME has contributed to subsidizing the $$ cost of accreditation for state medical society accredited providers through the provision of ACCME's donation of $1 Million+ in products and services.

Overall, since 2009, the ACCME has removed $500,000 of programming expenses from the ACCME budget.

Regarding the " ... the ongoing concern that increasing CME provider fees may cause local and state level providers to stop providing CME due to additional financial burdens."



The ACCME's state medical society system has lost 15% of its providers since 2005. Most SMS CEO's that we have spoken to say that most of their attrition is from a new wave of mergers occurring in the state. Also, during that period, the leadership of five SMSs made the decision to stop accrediting CME providers in their state, as a cost saving strategy. Most providers that drop ACCME accreditation say it is more efficient for them to provide the education through joint sponsorship with another provider. To date, no provider has reported to the ACCME that the $250, or the $450, fee is the reason a provider has ended their accreditation.

3 **Regarding**, *"2). That our AMA continue to work with the ACCME to: "c) improve continuing medical education."*

The ACCME's accreditation requirements were rewritten in 2006 to improve continuing medical education as the result of the work of its own task force's report that stated,

> *"To meet the needs of the 21st century physician, CME will provide support for the physicians' professional development that is based on continuous improvement in the knowledge, strategies and performance-in-practice necessary to provide optimal patient care."*
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> ***Final Report from the ACCME Task Force on Competency and the Continuum, April 2004***

We are pleased to be able to say that the ACCME and its requirements have increased the perceived value of, continuing medical education – as exemplified in the following testimonials.

> "*We applaud the Accreditation Council for Continuing Medical Education's efforts to provide additional guidance for ensuring research independence and a free flow of scientific exchange, while safeguarding accredited CME from commercial influence. Your vigilance in this important matter contributes to the best practices of unbiased information-sharing and will benefit, ultimately, the health of the American public."*
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> ***Dr. Raynard Kington, Deputy Director, National Institutes of Health (NIH) June 2010***

> *"The new system marries quality with the research. It is very rewarding and gratifying to me to see all of the years of so many of us have contributed to building a knowledge base transformed so well into criteria that will improve the learning and performance of clinicians and the health of patients….. I can now see an alignment of research, ACCME standards, and financial support. What is next for all of us is to enhance the competencies of CPD providers. With that coming in the future, it will all line up and patients will benefit most of all."*
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> ***Robert D. Fox, Professor, Adult and Higher Education, University of Oklahoma, 2006***

> *"In 2005, in an effort to strengthen the role of CME in physician performance improvement and lifelong learning, the ACCME proposed a model for CME based on practice-based, self-directed physician learning and change. September 2006, the ACCME released new standards for the accreditation of CME providers that focus on learning and change for both CME providers and learners. The new standards aim to improve physician practice and, thus, the quality of patient care by requiring CME providers to develop and implement CME programs that focus on improving physician competence, physician performance and/or patient outcomes.*
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> ***Federation of State Medical Boards Board Report 10-3: Maintenance of Licensure, April 2010***

> *"The MOC program should provide evidence of ongoing professional development, clinical competence, quality of practice, and measurement of improvement in practice. The MOC Committee might explore the following approaches to achieving this……Reshape Part II and Part IV of MOC to meaningfully align with the ACCME CME rubric for content that is learner-centered, addresses practice gaps, and addresses the six core competencies.*
>
> ***Conceptual Framework for MOC Standards 2015, American Board of Medical Specialties, ABMS Board of Directors on September 2011***

Also, when the Food and Drug Administration was seeking advice in 2010 it heard that the type of CME it was looking for was that which was already imbued in the ACCME's accreditation Criteria, when its own working group wrote,

> *"Therefore, the stakeholders and the [working group] recommend that the REMS prescriber training be designed to exceed the goal of traditional CME methods (knowledge acquisition) and instead aim to demonstrate optimized practitioner performance and improved patient outcomes."*
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> ***Final Report of the [FDA] Prescriber Education Working Group, June 2010***

As recognized in the above, the ACCME has intentionally and successfully positioned accredited CME, and therefore also certified CME that is accredited, as a highly valued component of the emerging continuing professional development for physicians (e.g., MOC, MOL) as well as other uses of accredited CME within programs intended to improve the health of the public (ex., the FDA's Risk Elimination and Mitigations Strategies.)

4 **Regarding,** *"2). That our AMA continue to work with the ACCME to: "d) encourage the ACCME to show that the updated accreditation criteria improve patient care."*

The ACCME Criteria have improved continuing medical education, however the ACCME does not require CME providers, or continuing medical education, to prove that it improves patient care. The evidence-base from which the Criteria were developed has already, and unequivocally, shown that CME – when designed and presented properly – changes what it is designed to change, be it knowledge, competence, performance or patient outcomes[2]. The ACCME recognizes that there are many barriers and system factors in place that prevent changes in physician performance, that prevent changes in patient care, and that prevent changes in the health of people. We do not feel that this reflects badly on the physicians, on the CME, or on the ACCME's accreditation requirements.

5 **Regarding,** *"3. That our AMA continue to work with the ACCME to a) mandate meaningful involvement of state medical societies in the policies that affect recognition.*

The ACCME provides meaningful involvement of the state medical societies in the

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[2] **Paul E. Mazmanian, PhD, David A. Davis, MD,** "Continuing Medical Education and the Physician as a Learner: Guide to the Evidence." The Journal of the American Medical Association 2002; 288(9):1188.doi:10.1001/jama.288.9.1188; **Robertson, M. K., Umble, K. E. and Cervero, R. M. (2003),** Impact Studies in Continuing Education for Health Professions: Update. Journal of Continuing Education in the Health Professions, 23: 146–156. doi: 10.1002/chp.1340230305; **Marinopoulos SS, Dorman T, Ratanawongsa N, Wilson LM, Ashar BH, Magaziner JL, Miller RG, Thomas PA, Prokopowicz GP, Qayyum R, Bass EB.** Effectiveness of Continuing Medical Education. Evidence Report/Technology Assessment No. 149 (Prepared by the Johns Hopkins Evidence-based Practice Center, under Contract No. 290-02-0018.) AHRQ Publication No. 07-E006. Rockville, MD: Agency for Healthcare Research and Quality. January 2007; **Forsetlund L, Bjørndal A, Rashidian A, Jamtvedt G, O'Brien MA, Wolf F, Davis D, Odgaard-Jensen J, Oxman AD**. Continuing education meetings and workshops: effects on professional practice and health care outcomes. Cochrane Database of Systematic Reviews 2009, Issue 2. Art. No.: CD003030. DOI: 10. 1002 / 14651858.CD003030.pub2

development and implementation of all ACCME policies, including those that affect recognition.

Our Committee for Review and Recognition (CRR) is constituted solely from persons nominated by Recognized state medical societies. It was recently expanded to nine from seven persons. Two persons from the CRR are full voting members of the ACCME's Board of Directors. One SMS-nominated CRR member on the Board of Directors is also on the ACCME's Executive Committee. The 2011 draft ACCME bylaws amendments propose making the SMS-nominated CRR members on the ACCME Board of Directors eligible for election as officers of the ACCME.

The ACCME also uses a call-for-comment in its formal policy development process through which the SMSs can be involved in the due-process of policy development.

There is also more informal, but yet meaningful involvement of the SMSs in ACCME policy development and implementation. On a monthly basis staff and volunteers of 25 to 35 SMSs meet in webinar format to discuss SMS and ACCME based issues. The same group meets in December of each year at the ACCME State and Territorial Medical Society Conference. The whole CRR attends this annual conference and AMA staff and members of the Council of Medical Education are invited. This collegial and interactive process was utilized by the ACCME **a)** in 2006 and 2007 to create the new "ACCME Markers of Equivalency" that form the **policy** under which Recognition decision are made, and **b)** in 2009 and 2010 to create the new "Maintenance of Recognition", that constitutes the new **process** used by the ACCME for Recognition.

In conclusion: The ACCME has been actively engaged in reducing costs, increasing efficiency and supporting the state medical societies and their providers. Through its updated requirements the ACCME has positioned accredited CME as a valid and important resource for physicians involved in continuing professional development that is appropriate to their professional practice.

We thank the AMA for this opportunity to respond to the concerns raised by the AMA's House of Delegates, and look forward to continuing to work with you and the Council of Medical Education, in service of this nation's CME enterprise.

Yours truly,

Sandra Norris, MBA
2012 ACCME Chair

Murray Kopelow, MD
Chief Executive and Secretary

Supporting Your Practices as a Recognized Accreditor

Accreditor Webinars
Series of Monthly Webinars Hosted by the ACCME
We look forward to continuing our monthly conversations with you to address topics relevant to accreditors. Each webinar offers an opportunity to discuss hot topics and ask questions related to accreditation practices, Recognition requirements and the CME environment. Accreditors are encouraged to invite their committee members, volunteers and executive leadership to participate in the discussion. We will continue to make the webinars available in recorded format after the live sessions are held.

Regional Accreditor Meetings
Live Seminars for Recognized Accreditors and Accreditation Volunteers
The ACCME invites state accreditors and accreditation volunteers to participate in regional seminars led by ACCME's senior staff.

ACCME State/Territory Medical Society Conference
National Meeting of Intrastate Accreditors and Accreditation Volunteers
Our interactions over the entire year will culminate with our Annual Conference in Chicago. Our focus is the professional development of SMS staff and accreditation volunteers with the goal of promoting a valid and effective national CME system.

State Medical Society Accreditor Web Forum
A Platform for Document Sharing and State System Announcements
This ACCME-hosted platform allows greater flexibility in the exchange of documents and ideas between ACCME and recognized SMS.

Accreditor Self-Assessment Exercises and Survey
Participate in a Skills Exercise to Assess Equivalency Across the System
At the request of participants that attended the 2010 State/Territory Medical Society Conference, the ACCME has developed a self-assessment exercise for accreditors and their volunteers to measure and improve their practice of accreditation. Participation in this professional development exercise will provide insight to serve the equivalency of our national system and identify areas of need to target with education and training.

Support for State Medical Society Staff in Transition
ACCME is a Partner to Ensure the Success of SMS During Staff Transitions
The ACCME provides a number of approaches to support staff transitions within Recognized SMS. The ACCME routinely provides a range of services from staff-to-staff orientation and training to support for accreditation committees. Contact ACCME's Manager of Recognition Services, Sharon Nordling at snordling@accme.org or (312) 527-9200 for more information about how ACCME can provide assistance to meet your needs.

Support for Strategic Communications

ACCME Staff Available to Support Your Communications Efforts

ACCME is available to support collaborative approaches to enhance communications with CME system stakeholders. Inquire about working with ACCME communications staff to develop joint communications for your audiences by contacting ACCME's Director of Communications at thosansky@accme.org or (312) 245-4066.

Supporting Your Efforts in Working with Your Providers and Volunteers

ACCME Educational Offerings for Accredited Providers

Join us for Education that ACCME Offers to the Provider Community

ACCME offers a range of educational support to the CME provider community – including "CME as a Bridge to Quality" workshops (offering a 50% discount on registration for SMS staff and volunteers). Programs that are open for the general CME community, including SMS staff and volunteers, can be found on the ACCME Workshops webpage at education.accme.org/Workshops. SMS staff are also welcome to observe programs offered "by invitation only," these sessions will be announced as they become available.

Request an ACCME Speaker

ACCME Speakers Available for your Provider Conferences

The ACCME will continue to provide speakers for state accreditors' provider conferences or outreach to other stakeholders —whether on site, via phone or webinar. Customized to meet the needs of your audience, these presentations can address a variety of topics, including the role of accredited CME as a strategic partner in health care quality and safety initiatives and communicating accredited CME's value to health care executives and other stakeholders. Speaking engagements are made on the basis of staff availability. Reserve your date now by contacting Katie Swimm at kswimm@accme.org or call (312) 527-9200.

ACCME New Surveyor Training

Participate in ACCME-led Volunteer Training

The ACCME will continue to invite state medical society staff and state volunteers to participate in the ACCME's two-part intensive surveyor trainings including a one hour webinar and full day interview observation training at the ACCME offices in Chicago. There will be no cost for SMS staff/volunteers to participate. However, pre-registration is required and participants will be responsible for their own travel and lodging expenses.

Ongoing Surveyor Training for National ACCME Surveyors

SMS Staff and Volunteers Can Take Advantage of ACCME Training and Resources Developed for the National ACCME Surveyor Pool

The comprehensive Web page at education.accme.org/surveyors contains professional development materials to support ACCME surveyors. Links to newsletters, forms, recorded webinars and accreditation resources are available for quick reference. Additionally, we will continue to alert the intrastate system to the development of new surveyor training materials.

ACCME "Education and Training" Web Pages

Take Advantage of the ACCME's Web-Based Multimedia Educational Resources for Multiple Audiences

The ACCME Education and Training Web pages are accessed from the ACCME homepage (www.accme.org), or directly by going to education.accme.org. The multimedia resources include Video FAQs (Frequently Asked Questions) addressing compliance with the Accreditation Criteria; Perspectives interviews with CME leaders about initiatives that demonstrate the value of accredited CME; educational tutorials, and more.

The ACCME Report – ACCME's Monthly e-Newsletter
Monthly E-Newsletter for Important Updates, News, Resources and Education
The *ACCME Report*, is a monthly newsletter that keeps all of the stakeholders of our national CME system informed about news, policy, and education to support *CME That Matters to Patient Care*™. We encourage SMS volunteers and intrastate providers to subscribe to the free *ACCME Report*. To register for the *ACCME Report*, please click here. Archived editions of the newsletter can be found by navigating to the *ACCME Report* link found under "What's New" on the home page at www.accme.org.

Accreditation Findings Based on the 2006 Criteria: A Compendium of Case Examples
Invaluable Resource to Support Provider Education and Accreditor Decision Making
The ACCME offers a compendium of case examples drawn from the accreditation review process. Accreditation Findings Based on the 2006 Accreditation Criteria (found at www.accme.org) includes examples from the review of more than 400 nationally-accredited providers that have been evaluated under the 2006 Criteria. The compendium includes actual examples of provider practices that were found either in Compliance or Noncompliance with the ACCME Criteria, and includes explanatory comments.

To: Susan Skochelak MD and Alejandro Aparicio MD

From: Murray Kopelow MD, Chief Executive **Date:** February 27, 2011 **Re:** Our Progress

Excuse the formality of this memorandum. I started an email, but the list below became so long that it did not seem appropriate for an email. I am writing in following up to the conversations we have had about AMA's August 2010 letter to the ACCME. Our governance representatives met on the phone in 2010 to discuss it. Subsequently,

- There was our 2010 SMS Conference to which we issued special invitations to the AMA
- The ACCME has created a Task Force to address the AMA's request for assistance on the PRA. This task force is seeking an opportunity to engage with the AMA's Council on Medical Education.
- The ACCME has provided representation (Dr. Tim Holder) to the AMA PRA working group discussing the required evidence base for accredited and certified continuing medical.
- The ACCME (Dr. Steve Singer) and the AMA are collaborating on a project with the AAMC on 'Credit for Teaching' in medical schools.
- The ACCME was responsive to the AMA's concerns about SMS fees and the issue of 'knowledge' within accredited and certified continuing medical education. Invoices reflecting the lowered fees have been distributed. A clarification on 'knowledge' was issued.
- The ACCME is at the halfway point of implementing accreditation using the 2006 Criteria and the results show a successful transition to the 2006 Criteria by the providers.
- The ACCME data does not show a large attrition of accredited providers at the ACCME, or in the state medical society system, that some had feared.
- Soon, as a member organization, you will be getting an invitation to join us for special town hall/roundtable discussion at the March 2011 Board meetings.

We continue to have the state medical societies fully engaged in our, education, our leadership and our strategic planning.

- Since 2007, the ACCME has had two Directors that were originally nominated by state medical societies.
- In 2009 and 2010, through our regional meetings and the annual conference with SMSs, we engaged the SMSs in ACCME's strategic planning.
- The ACCME shared ACCME drafts of SMS survey documents that we suggested could form the basis for collaboration.
- The ACCME has been holding monthly phone meetings with SMS staff and volunteers.
- We are including SMSs in our training sessions for ACCME accredited providers and working one□on□one with several SMS Accreditors, and individual state accredited providers to clarify a simple approach to accreditation, for them. The 2011 ACCME educational support schedule for the state medical societies has been released.

We have accomplished a great deal as organizations, together, and individually.

We were wondering how this was all going to be reflected in your report to the HOD in the spring – and if you thought there were additional opportunities for us, in follow up to your August 2010 letter. Perhaps we could discuss all this at our next scheduled ‘coffee’, or earlier, if that would be helpful?