



ACCME's® Accreditation Policy Compendium Index

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ACCME's Accreditation Policy Compendium

1981-A-07 Statement on Educational Credit:

The Accreditation Council for Continuing Medical Education (ACCME) conducts a program for the accreditation of institutions and organizations offering continuing medical education, but does not conduct a program for the recognition of the continuing educational accomplishments of the individual physician. Such credentialing and qualifying activities are conducted by the many organizations and agencies which, for example, have award programs recognizing the completing of a variety of continuing medical education experiences; mandatory continuing medical education requirements for membership, re-registration of the physician's license to practice, or recertification by specialty boards.

It is important to note that institutions and organizations are not accredited by the ACCME for the purpose of granting categorical credit, and that the requirements for such credit are maintained by the credentialing and qualifying bodies themselves. Accreditation by the ACCME does not carry with it the authorization for the institution or organization to certify credit as meeting the requirements of the credentialing and qualifying bodies. The authority of an institution or organization to certify such credit is granted by the credentialing/qualifying body in accordance with its own rules and regulations. Since different credentialing agencies have varying requirements, directors of continuing medical education, and physician participants in education programs, should be aware of the requirements of the particular credentialing or qualifying agency for which credit is being earned. The director of continuing medical education should plan to keep such records of physician attendance as may be necessary to satisfy the needs of the individual physician participant.

1981-B-02 In order to be eligible for accreditation, the institution or organization must be located in the United States or its Territories. The ACCME limits site survey visits to the United States and U.S. Territories.

1981-C-04 For programs on which the Accreditation Review Committee has been unable to reach a decision, the Chair of the ACCME will appoint a three member ad hoc committee, from representatives to the ACCME who are not members of the Accreditation Review Committee, to review all the information available to the ARC regarding the provider's application for accreditation, consider the problem, and bring a recommendation to the ACCME. (amended 7/98)

1981-C-05 An organization is not eligible to apply for accreditation if, in the judgment of the ACCME, its program is devoted to advocacy of unscientific modalities of diagnosis or therapy.

- 1981-C-06 Where there is a question of eligibility for survey, the application will be referred to the ACCME Executive Committee which will consider it and make a recommendation to the ACCME which will then vote upon the eligibility of the applicant.
- 1981-D-03 The ACCME may re-evaluate an institution/organization at any time less than the period specified for resurvey if information is received from the institution/organization itself, or from other sources, which indicated it has undergone substantial changes and/or may no longer be in compliance with the Essential Areas, Elements and Policies.
- 1982-A-04 An ACCME reconsideration of an accreditation decision may occur when an organization feels that the evidence it presented to the ACCME justifies a different decision. Only decisions of Probation or Non-Accreditation will be reconsidered by ACCME. Only material which was considered at the time of the ARC review may be reviewed upon reconsideration. During the reconsideration two members of the ARC will review the provider's complete application before acting on the reconsideration. A reconsideration must occur no later than the second meeting after its previous ACCME decision. (amended 7/98)
- 1982-B-03 The Definition of Continuing Medical Education:

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

A broad definition of CME, such as the one found above, recognizes that all continuing educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate CME for practitioners interested in providing better service to patients.

Not all continuing educational activities which physicians may engage in however, are CME. Physicians may participate in worthwhile continuing educational activities which are not related directly to their professional work, and these activities are not CME. Continuing educational activities which respond to a physician's non-professional educational need or interest, such as personal financial planning or appreciation of literature or music, are not CME. (amended 11/99)

1982-B-04 Definition of an Organization Eligible for Accreditation

The ACCME, in an attempt to foster continuing medical education of high quality at reasonable cost, available to all physicians in the United States, specifies the following criteria of eligibility for accreditation: Institutions and organizations which are surveyed and accredited directly by the ACCME are generally defined as follows: state medical societies, schools of medicine, and other institutions and organizations providing continuing medical education activities on a regular and recurring basis and serving registrants, more than 30% of whom are from beyond bordering states.

Institutions and organizations not eligible for accreditation directly by the ACCME should seek accreditation from the state medical society (or state accrediting body in states where the medical society does not accredit alone) in the state in which they have their headquarters or in which they provide CME activities.

To be eligible for accreditation, a provider must offer a program of continuing professional education for physicians. An organization is not eligible to apply for accreditation if its program is devoted solely to advocacy of a modality of diagnosis or treatment which is not a subject for instruction in most medical schools whose programs of medical education are accredited by the Liaison Committee on Medical Education

The ACCME reserves the right to make decisions on eligibility for accreditation.
(amended 7/98)

1983-A-04 An organization applying for survey at its initial CME activity should be advised that it is very difficult to demonstrate its ability to comply with the Essential Areas, Elements and Policies until after at least one event has been completed. However, if the organization still wishes to proceed with an on-site survey during their first CME offering, the ACCME will comply. In order to complete the process, the organization must provide documentation of subsequent evaluation and of its use in planning future CME activities, before the ARC will consider the application.

1983-A-07 The site survey chair after review of the submitted application, will contact the program director of the institution/organization to be surveyed to develop an agenda for the survey.

1983-B-01 Statements of deficiencies or concerns made by the Accreditation Review Committee should be identified with the appropriate Essential Areas, Elements and Policies. Letters of notification sent to the providers should contain a statement reminding them that significant changes, i.e., change of director, should be reported.

1983-B-06 In those instances when an on-site survey for continued accreditation is either directed or requested, the travel and related surveyors' expenses will be paid by the institution/ organization, in addition to the survey fee.

1983-B-07 Initial surveys will be conducted on-site; surveys for continued accreditation may be “reverse-site,” on-site or tele-video surveys at the direction of the ACCME. (amended 7/98)

1985-C-01 Types and Duration of Accreditation:

PROVISIONAL ACCREDITATION (standard status for initial applicants)

Two years is the period of Provisional Accreditation;

One extension of up to two years may be given;

Provisional Accreditation may also be given when an accredited organization’s program is so altered that it is essentially a new program;

An adverse decision at the end of Provisional Accreditation will result in Non-Accreditation; it cannot result in Probationary Accreditation.

ACCREDITATION

Maximum period of Accreditation is six years;

Standard period of Accreditation is four years;

Accreditation may be reinstated after a period of probation.

PROBATIONARY ACCREDITATION

May be given to an accredited program with serious deviation from the Essential Areas, Elements and Policies;

May be for one or two years;

May not be extended.

NON-ACCREDITATION

May be given after the initial survey;

May be given after Provisional Accreditation;

May be given after Probationary Accreditation of one or two years.

Accreditation cannot be withdrawn without a period of Probationary Accreditation except in cases where there are compelling reasons to do otherwise.

1986-B-01 Four years should be the “standard” period of accreditation for programs that meet all of the Essential Areas, Elements and Policies and that 6 years accreditation is reserved for programs which are truly exceptional.

1988-C-03 The logo is approved for use only by the ACCME.

1989-A-01 Beginning to participate in joint sponsorship represents a major change in the overall program of an accredited provider which must be reported to the ACCME.

1992-C-02 The effective date of accreditation is the date of action by the ACCME. (amended 7/98)

1993-A-09 On reconsideration, two members of the ARC will review the provider's complete application before acting on the reconsideration.

1993-C-03 (Rescinded by 2004-C-01; Replaced by SCS 2.1 and SCS 6.1-6.5)

Disclosure of significant support or substantial financial relationships between presenters and commercial entities is required in relevant situations whether or not there is direct commercial support for the CME activity.

1993-D-01 Initial applicants who receive non-accreditation may not be reviewed again by the ACCME until one year from the date of the Council meeting at which the decision was made.

1993-D-05 The ACCME regards the accreditation site visit as a voluntary, information seeking activity and does not consider it to be an adversarial process. Consequently, it does not permit attorneys to attend or participate as legal counsel for providers in on-site or reverse-site visit proceedings. If a provider disagrees with an adverse decision made by the ACCME regarding its accreditation status, it may follow the procedures for reconsideration and appeal. Legal counsel may participate in the appeal process.

1994-A-01 Site Surveyors will receive evaluation forms completed by the provider/ applicant, only after the Council has taken action on the provider's application for accreditation. (amended 7/98)

1994-A-02 Only material which was considered at the time of the survey may be reviewed upon reconsideration.

1994-A-06 A provider which is placed on probation should provide information to the ACCME on all existing joint sponsorship relationships. The provider must notify its current contracted joint sponsors of its probationary status. (amended 7/98)

1994-A-07 The language of the “ACCME Press Release” may be used by providers for that purpose only.

FOR IMMEDIATE RELEASE

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

ACCME accreditation seeks to assure both physicians and the public that continuing medical education activities provided by . . . meet the high standards of the Essential Areas, Elements and Policies for Accreditation as specified by the ACCME.

The ACCME rigorously evaluates the overall continuing medical education programs of institutions according to standards adopted by all seven sponsoring organizations of the ACCME. These are: the American Board of Medical Specialties; the American Hospital Association; the American Medical Association; the Association for Hospital Medical Education; the Association of American Medical Colleges; the Council of Medical Specialty Societies; and the Federation of State Medical Boards.

1994-A-09 (Rescinded by 2004-C-01; Replaced by SCS 4.5)

The Standards for Commercial Support and the Standards for Enduring Materials do not prohibit distribution of certified enduring materials by commercial representatives directly to physicians. However, the accredited provider must maintain its responsibility for the quality, content and use of the enduring material in compliance with the Essential Areas, Elements and Policies.

1994-A-17 The ACCME will recognize the names of accredited providers (e.g., lists) as public information. Accumulated data that does not specifically identify individual providers may also be made public. Therefore, any data which specifically relates to an accredited provider will remain confidential.

1994-A-21 Definition of a Program of CME:

Accreditation is granted on the basis of the provider’s demonstrated ability to plan and implement CME activities in accordance with the Essential Areas, Elements and Policies. The provider’s overall program may include occasional CME activities, that do not fully meet the standards for needs assessment, well-defined objectives, curricular design, and evaluation. These activities are part of the accredited provider’s overall CME program as long as the Provider exercises responsibility for these activities through its recognized CME administrative unit. The organization should identify those CME activities within its overall program which meet the Essential Areas, Elements and Policies.

1994-A-28 The accreditation statement must appear on all CME activity materials and brochures distributed by accredited institutions/organizations.

[ACCREDITATION STATEMENT LANGUAGE HAS BEEN REVISED/UPDATED;
PLEASE SEE ACTION 2000-B-10]

1994-B-01 Mandatory On-Site Surveys:

The ACCME has the authority to call for an on-site survey at any time.

On-site surveys must be conducted under any of the following conditions:

1. At the next review of a provider placed on probation.
2. When a provider has not had an on-site survey during the previous ten years, the on-site survey will be conducted at the next scheduled review.
3. When there is a significant change in the provider's ownership mission, or volume of CME activities. The on-site survey may be conducted at the next scheduled review or immediately.

On-site surveys may be conducted under any of the following conditions:

1. As a result of the review of a complaint/inquiry. The on-site survey may be conducted at the next scheduled review or immediately.
2. Whenever a provider has had significant difficulties in demonstrating compliance with one or more of the Essential Areas, Elements and Policies during a review. The on-site survey may be conducted at the next scheduled review or immediately.
3. Whenever there is insufficient information following a reverse-site survey on which to make an accreditation recommendation. In this case, the Accreditation Review Committee would recommend only that an on-site survey be conducted immediately and would defer a recommendation on accreditation.

1994-C-02 Policy and procedure on dual accreditation:

A single provider of continuing medical education may not maintain accreditation by the ACCME and a state medical society at the same time. (It is recognized that short periods of overlap may occur when a provider transitions from one accreditation system to the other and continues to be listed as "accredited" by both.)

When a state medical society accredited provider alters its function and seeks and achieves accreditation from the ACCME, that provider should promptly notify the respective state medical society, withdraw from its accreditation system, and ask to be deleted from its list of accredited providers of CME. Should an ACCME accredited provider change its role and become accredited by the state medical society, a similar procedure must be followed.

Annually, the ACCME will notify state medical societies of CME providers in their states which have been awarded accreditation by the ACCME. (amended 7/98)

1994-C-05 (Rescinded by 2004-C-01; Replaced by SCS 2)

For all CME activities, providers must disclose to participants prior to educational activities the existence of any significant financial or other relationship a faculty member or the provider has with the manufacturer(s) of any commercial product(s) or provider(s) of any commercial service(s) discussed in an educational presentation.

1994-C-07 Providers who choose to initiate joint sponsorship subsequent to the granting of full accreditation or reaccreditation, must notify the ACCME of their intention to joint sponsor. (amended 7/98)

1994-C-13 Providers which are to participate in reverse site interviews be assigned interview times to best maximize the effectiveness and efficiency of the ARC meeting schedule rather than be given choices as to interview times, and that individual conflicts be worked out in a reasonable manner.

1995-A-10 Only those individuals who have been deemed eligible and trained as ACCME ARC surveyors will be assigned to conduct ARC surveys.

1995-B-02 (Rescinded by 2004-C-01; Replaced by SCS 4.2, SCS 6.3-6.5 and 2004-C-05)

Commercial Acknowledgment in Enduring Materials:

1. Product specific advertising of any type is prohibited in enduring materials.
2. Commercial support must be acknowledged in order to comply with the Standards for Commercial Support and references to a company or institution are allowed.
3. This acknowledgment must be placed only at the beginning of the enduring material.
4. The institutional acknowledgment may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.
5. No specific products may be referenced, even if they are not related to the topic of the enduring material.

This policy shall apply to all enduring materials with release dates or review dates of July 1, 1996, and beyond.

1996-A-01 The date for non-accreditation of a provider is one year from the date of the Council's non-accreditation action. For more egregious cases, a shorter time frame may be assigned.

The provider will be responsible for payment of all fees, including the Annual Fee, and submission of all required reports until the effective date of non-accreditation. Failure to do so will result in immediate non-accreditation.

The ACCME waives the requirement of a pre-application for the provider that chooses to submit an application for accreditation during the one-year time period prior to the effective date of non-accreditation

1996-A-02 The Council must be notified of voluntary withdrawals of accreditation. No rebates will be given for annual fees collected from providers requesting voluntary withdrawal, and feedback shall be sought concerning the reasons for withdrawal of accreditation which shall be reviewed by the Quality Monitoring Committee.

1996-A-05 An accredited provider is required to retain activity files/records during the current accreditation or for the last twelve months, whichever is longer.

1996-A-06 The length of time during which an accredited provider must be accountable for any complaints/inquiries received by the ACCME is limited to twelve months from the date of the activity, or in the case of a series, twelve months from the date of the activity which is in question.

1996-A-07 "On-site" resurveys may occur at sites other than the provider's administrative or educational offices if the provider is able to provide the surveyors with 1) all records or files that will be needed; 2) the opportunity to interact with the CME principles of the applicant; and 3) appropriate meeting rooms in which to conduct their survey work. The provider must agree prior to the on-site resurvey that if for any reason the surveyors determine that they will be unable to thoroughly assess the provider's compliance with the Essential Areas, Elements and Policies, then a second "on-site" resurvey at their offices will be scheduled within 60 days and will be conducted at the expense of the provider.

1996-B-05 In cases where two ACCME or state medical society accredited providers merge to become a new entity (or consortium), the pre-application process will be omitted. There is a provision to waive the restriction on joint sponsorship in cases where the newly merged entity demonstrates the ability to provide such by demonstrating that: 1) previously presented joint sponsorship activities are available for review by ACCME; 2) the provider is, at the time of initial ACCME survey deemed to be in at least substantial compliance with ACCME's Joint Sponsorship Policies and Procedures; and 3) at least one of the pre-merger entities has been previously surveyed, and their ongoing joint sponsorship activities have been found to be in at least substantial compliance with ACCME's Joint Sponsorship Policies and Procedures. (amended 7/98)

1996-B-06 Principles for the review of newly non-accredited providers seeking provisional accreditation:

- 1) Standards will be neither raised nor lowered for this category of applicant.
- 2) As for any applicant, uniform compliance with the Essential Areas, Elements and Policies is expected for all aspects of all activities under review. The ARC makes recommendations and Council makes decisions based on the overall review of the program. However, ACCME will only review material from the date of the last decision. Therefore, non-compliance expressed in an activity file or administrative review that occurred prior to the non-accreditation decision will not be held against the provider as this already resulted in non-accreditation.
- 3) If ACCME defers its decision then the non-accreditation status will stand.

1996-B-07 (Rescinded by 2004-C-01; Replaced by 2004-C-02)

A commercial supporter is defined as any entity providing funds or resources to a continuing medical education provider.

1996-C-07 JOINT SPONSORSHIP:

Definition: Activity Planning and Presentation in Partnership with Non-Accredited Providers

Intent: The accredited provider shall accept responsibility that the ACCME's Accreditation Policies and Procedures are met when educational activities are planned and presented in joint sponsorship with non-accredited providers.

1. The accredited provider must be able to provide to the ACCME written documentation that demonstrates how each such jointly sponsored CME activity was planned and implemented in compliance with the ACCME's Accreditation Policies and Procedures. Material submitted can be from files of either the accredited provider or the non-accredited provider.
2. All printed materials for jointly sponsored activities must carry the appropriate accreditation statement.
3. If two or more accredited providers are involved in an activity, then one of them must assume responsibility for the activity and this must be clearly indicated through the appropriate accreditation statement.

For full text of the accreditation statements, see policy 2000-B-10.

1997-A-07 A member of the Accreditation Review Committee will act as a "counselor" to the site survey team when necessary.

- 1997-A-11 Data from an accredited provider's "Annual Report(s)" and other interval monitoring instruments administered by the ACCME will be included in the materials provided to the ACCME's accreditation review process for the consideration of that provider's application.
- 1997-A-14 By December 15 of each year, an invoice in the amount of the current ACCME accreditation fee will be sent to each accredited provider. Payment in the full amount of the fee must be received by the ACCME by January 31 of the following year in order for the provider to maintain their accreditation status with ACCME. A monthly late fee equal to 10% of the amount owed will be charged on the first of each month following January 31 until the balance is paid in full.

By December 15 of each year, each accredited provider will be sent for completion and submission an Annual Report or other interval monitoring data collection instrument, as designed by the ACCME. The completed instrument must be received by the ACCME by January 31 of the following year in order for the provider to maintain their accreditation status with ACCME. A monthly late fee equal to 10% of the annual accreditation fee will be charged on the first of each month following January 31 until the completed documents are submitted.

If payment of the annual accreditation fee and/or a completed ACCME data collection instrument is not received by ACCME by the first ACCME meeting of the year, the ACCME will take an action to change the accredited provider's accreditation status to probation. However, if payment and/or a completed ACCME data collection instrument are received before the second ACCME meeting then the provider's accreditation status will revert back to its original status prior to the probation. If, at the second ACCME meeting of the year, payment and/or a completed ACCME data collection instrument has not been received, the ACCME will take action to change the accredited provider's accreditation status to non-accreditation. The effective date of non-accreditation will be the same as the date of the non-accreditation action. Reversal of these actions can only be accomplished by submission of an application for re-accreditation.

1997-A-15 When the corporate structure of an accredited provider is altered by an acquisition, merger, or dissolution, action will be taken if the ACCME staff determines that the governing body to which the CME unit reports has either been merged or been newly created, and/or the sources of funds and budget approval have changed.

The action will be that a survey will be required within six months and will be limited to collecting evidence that: the accredited CME mission has been affirmed; and there is verification of continued fiscal adequacy and staffing appropriate to the mission.

If the evidence collected does in fact indicate that the CME mission has been affirmed and that there is continued fiscal adequacy and staffing then the results of the survey will be: a declaration of the new name of the accredited providers; and continued accreditation for the specified term.

However, if the results of the limited survey determine that there is not fiscal adequacy and/or that staffing is inappropriate or unknown, and/or a new mission statement has been developed then a full survey will be required.

1997-A-16 (Rescinded by 2004-C-01; Replaced by 2004-C-03)

Commercial exhibits are promotional activities, and as such, accredited providers are not obligated to fulfill all the requirements of the ACCME's Standards of Commercial Support with respect to these promotional activities, but are obligated to use sound fiscal and business practices with respect to these exhibits.

1997-A-20 (Rescinded by 2004-C-01; Replaced by SCS 1.1)

The ACCME will not deny eligibility for accreditation solely on the basis that an organization produces and/or markets a product (device, biologic or pharmaceutical as regulated by the Food and Drug Administration) or activities about a product (device, biologic or pharmaceutical as regulated by the Food and Drug Administration) as long as the activities they develop and/or present are educational and not promotional.

The ACCME will consider an activity to be educational, rather than promotional, when the activity is deemed to have been, in all respects, created and presented in compliance with the ACCME's Standards for Commercial Support.

1997-B-16 If a provider scheduled for re-accreditation review cannot meet the ACCME schedule for submission of application and site survey then the accreditation term may be extended once, by four months, in order to complete these steps in time for the next regular meeting of the Accreditation Review Committee.

The accreditation status of a provider will automatically revert to non-accreditation at the end of their accreditation term unless ACCME has taken action to extend their term of accreditation, or a new accreditation decision has been rendered by ACCME.

1997-B-17 (Rescinded by 2004-C-01; incorporated into SCS 1.1 and definition of commercial supporter)

Funds from governmental entities are not considered commercial support.

1997-B-22 If the ACCME is informed that a site surveyor is unable to participate in a scheduled survey and all attempts to obtain another surveyor of equal qualifications have failed, then ACCME staff is at liberty to use discretion to resolve the situation. Such exceptions might include, but are not limited to, not requiring that one surveyor be a physician, not having both surveyors on-site (one surveyor might be connected to the survey via teleconference), the use of ACCME staff as substitute. Such exceptions to normal survey protocol will only be allowed with the permission of the provider. The provider reserves the right to request that the survey be rescheduled.

1997-B-25 Surveyors cannot have been appointees or employees of, or consultants to, the providing institution for at least two accreditation cycles. Surveyors may not accept a survey assignment if they have relatives who are appointees or employees of the providing institutions. Surveyors whose participation in an accreditation survey may give rise to a conflict of interest or the appearance of a conflict of interest may not accept assignments. It is inappropriate for providers or applicants to request specific surveyors. Providers may request, in writing, that one or both surveyors be removed from the survey team. Rationale for requests for substitution of surveyors cannot be based on discriminatory factors such as race, gender, age, or provider's opinions about the surveyor. The rationale to substitute a surveyor due to a conflict of interest must be based solely on the relationship between the provider and the surveyor.

1997-C-03 A provider may receive no more than four years accreditation immediately following probation.

- 1997-C-05 Providers are required to submit payment of all applicable fees with respect to applications for accreditation (accreditation fee and site surveyor expenses) or progress reports (progress report fee) prior to the Council's consideration of an Accreditation Review Committee (ARC) recommendation. Failure to do so will result in a one-cycle deferral of the ARC's recommendation. Failure to do so within that one-cycle deferral will result in a non-accreditation decision at the next regularly scheduled ACCME meeting.
- 1997-C-08 Effective November 14, 1997, as part of the initial application process, a provider seeking accreditation must fulfill two requirements with respect to its on-site survey location. It must have a survey at its administrative offices and it must have a continuing medical education activity reviewed. There is no prescribed order for the two requirements, but the first survey must take place prior to provisional accreditation, and both requirements must be completed prior to full accreditation.
- 1998-B-07 In addition to all applicable ACCME requirements, providers of enduring materials must communicate the following information to participants so that they are aware of this information prior to starting the educational activity:
1. Principal faculty and their credentials;
 2. Medium or combination of media used;
 3. Method of physician participation in the learning process;
 4. Estimated time to complete the educational activity (same as number of designated credit hours);
 5. Dates of original release and most recent review or update; and
 6. Termination date (date after which enduring material is no longer certified for credit).
- (amended 3/2002)
- 1998-B-08 An accredited provider will have mechanisms in place to record and, when authorized by the participating physician, verify participation for six years from the date of the CME activity.
- 1998-B-09 A provider, while on probation, may not act as a joint sponsor of continuing medical education activities with non-accredited entities, except for those activities that were contracted prior to the decision of probation.

1998-B-10 The "activity" in a journal-based CME activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s)) and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process.

Educational content must be within the ACCME's definition of continuing medical education.

The activity in a journal-based CME activity is not completed until the learner documents participation in that activity to the provider.

In any journal-based CME activity, the learner should not encounter advertising within the pages of the article(s) or within the pages of the related questions or evaluation materials. (Effective January 1, 1999)

1998-C-02 The ACCME accepted the AMA's interpretation that the topic of "coding/reimbursement" fits within the definition of CME.

1999-A-14 (Rescinded by 2004-C-01; Replaced by SCS 3.4, 3.5 and 3.13)

The accredited provider may delegate the responsibility for receiving and disbursing funds from educational grants to an educational partner. However, the letter of agreement regarding the grant must be between the accredited provider and the commercial supporter and the accredited provider must maintain and be able to produce as documentation a full accounting of the funds.

1999-A-15 NOTE: RESCINDED, July 14, 2000 (See Policy 2000-B-10)
Accreditation Statements:

For Directly Sponsored Activities -- "The (name of the accredited provider) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The (name of the accredited provider) takes responsibility for the content, quality, and scientific integrity of this CME activity."

For Jointly Sponsored Activities -- "This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by the ACCME to provide continuing medical education for physicians and takes responsibility for the content, quality, and scientific integrity of this CME activity."

For Cosponsored Activities -- "This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) by (name of accredited provider1) and (name of accredited provider2). The (names of accredited providers) are accredited by the ACCME to provide continuing medical education for physicians. The (name of accredited provider1) takes responsibility for the content, quality, and scientific integrity of this CME activity."

1999-A-16 (Rescinded by 2004-C-01; Replaced by SCS 6.2)

Information that a faculty member has no significant financial relationships to disclose must be provided to the learner.

1999-A-17 (Rescinded by 2004-C-01; Replaced by SCS 2.1)

Information that a faculty member has refused to disclose if there are any significant financial relationships must be provided to the learner.

1999-B-17 The accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity like the date, location, and title. If more specific information is included, like faculty and objectives, the accreditation statement must be included.

1999-B-18 (Rescinded by 2005-A-09; Replaced by SCS 4.3, 4.4)

Promotional materials for CME activities that are not directly related to the transfer of education to the learner may include advertising. Such promotional materials must contain information about multiple non-CME elements of the event such as schedules and course descriptions. Education materials that are part of the accredited activity such as slides and handouts cannot have any advertising.

1999-C-07 (Rescinded by 2004-C-01; Replaced by 1982-B-03 and 2002-B-09)

Element SCS3c reads in part “the accredited provider shall require the speaker to disclose that the product is not labeled for the use under discussion.” Compliance is documentation that demonstrates the provider has a practice in place to make this requirement known to the faculty.

1999-C-11 The ACCME will assess a 10% late fee of the total original amount owed for all applications for accreditation or recognition and a \$100 late fee for all progress reports received after their specified deadline. These fees must be paid in order for a provider to receive ACCME consideration of an accreditation or recognition recommendation.

If payment of the original fee, the late fee and submission of the required documentation (application or progress report) are not received by the first ACCME meeting after the deadline, the ACCME will take action to change the accredited provider’s accreditation or state medical society’s recognition status to probation.

If, at the second ACCME meeting after the deadline, payment of the original fee, the late fee, and submission of the required documentation (application or progress report) has not been received, the ACCME will take action to change the accredited provider’s accreditation or state medical society’s recognition status to non-accreditation/non-recognition.

The effective date of non-accreditation/non-recognition will be the same as the date of the ACCME action. Reversal of these actions can only be accomplished by submission of a new application for accreditation or recognition.

1999-C-21 (Rescinded by 2004-C-01; Replaced by SCS 3.10)

If faculty members are “bona fide” faculty, in that they are listed on the agenda as facilitating or conducting a presentation/session, but they participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid as allowed by the Standards for Commercial Support.

2000-B-10 ACCME will require accredited providers to use the previously approved directly sponsored and jointly sponsored statements.

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

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

CME activities that are co-sponsored should use the directly sponsored activity statement, naming the one accredited provider that is responsible for the activity.

2000-B-12 (Rescinded by 2004-C-01; Replaced by SCS1.1)

When the ACCME considers a provider with, or an applicant for, ACCME accreditation, to be owned by, or to be, a corporate entity with a proprietary or financial interest in a medical or health care product over which the FDA has regulatory jurisdiction (an "interested company"), then the following will be among the criteria ACCME will use to judge the provider's compliance with the ACCME's Standards for Commercial Support:

1. There must be no staff or consultants of the interested company, who have work responsibilities in the interested company, involved in the development of the CME activities of the accredited provider or accredited CME unit within the interested company. (To be compliant with SCS 1)
2. All in-kind support, or funds, supplied by the interested company to the accredited provider will be considered "commercial support," as defined in ACCME Policy and the Standards for Commercial Support. (To be compliant with SCS 5 and 7)
3. After each activity, the ACCME accredited provider must ascertain directly from the learners and faculty if the learners or faculty perceived that the activity was commercially biased, and if commercial bias is perceived, the accredited provider must have documented the steps that will be taken to detect and prevent the presence of such bias in the future. (To be compliant with SCS 1 and 3)

Beginning July 14, 2000, applicants for initial ACCME accreditation will be asked to demonstrate compliance with this policy. Providers that received ACCME accreditation on or before July 14, 2000 will be asked to demonstrate compliance with this policy after October 1, 2001.

2000-B-14 (Rescinded by 2004-C-01; Replaced by SCS 2.1 and 6.1)

CME providers with ACCME® accreditation are required to disclose the following information to learners in order to fulfill ACCME's faculty disclosure requirements:

1. Faculty member's name;
2. Name of the commercial supporter or entity with which the faculty member has the relationship or affiliation; and
3. Type(s) of relationships.

ACCME requirements for faculty disclosure are applicable to faculty relationships that are in place at the time of the activity or were in place in the 12 months preceding the activity.

2001-A-07 ACCME conducts its affairs in English. ACCME standards do not require that providers conduct all their business or continuing medical education in English. However ACCME does require that,

1. All written, or electronic communications or correspondence with ACCME (irrespective of medium) is in English.
2. Any application and/or self study reports for accreditation be submitted to ACCME in English.
3. ACCME is provided with English translations of any written materials requested by ACCME in the course of its accreditation or monitoring process.
4. Any ACCME on-site, reverse site or televideo accreditation survey be conducted in English, or have the services of an English translator, acceptable to ACCME, provided and paid for by the applicant organization.

2002-A-03 Accredited providers are required to review their enduring materials at least once every three (3) years, or more frequently if indicated by new scientific developments.

- 2002-A-11
1. CME activities delivered via the Internet are expected to be in compliance with ACCME Essential Areas, Elements, and Policies.
 2. There shall be no CME activities of an ACCME accredited provider on a pharmaceutical or device manufacturers' product website.
 3. With clear notification that the learner is leaving the educational website, links from the website of an ACCME accredited provider to pharmaceutical and device manufacturers' product websites 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.
 4. 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.
 5. The accredited provider must indicate, at the start of each Internet CME activity, the hardware and software required for the learner to participate.
 6. The accredited provider must have a mechanism in place for the learner to be able to contact the provider if there are questions about the Internet CME activity.
 7. The accredited provider must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CME activities it provides on the Internet.
 8. The accredited provider must be able to document that it owns the copyright for, or has received permissions for use of, or is otherwise permitted to use copyrighted materials within a CME activity on the Internet.

- 2002-B-09
1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
 2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
 3. Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.

2002-B-18 (Rescinded by 2004-C-01; Replaced by SCS 3)

The agreement stipulated in SCS5(a) of the ACCME Standards of Commercial Support (1992) is between the commercial supporter and the accredited provider. As such, the agreement requires the signatures of all or any accredited provider(s) and commercial supporter(s) that have obligations under the terms and conditions of the agreement

- 2002-B-19 The ACCME considers a finding of 'Partial Compliance' to be less than an acceptable standard for the continuing practice of CME by ACCME accredited providers. Subsequent to initial accreditation, providers must be able to demonstrate that they are improving their practice of CME in any areas found to be in less than 'Compliance'. Subsequent to initial accreditation, failure to improve in areas found to be in less than 'Compliance' would be cause for a 'Noncompliance' finding in ACCME Element 2.5. A finding of 'Noncompliance' in Element 2.5 could be cause for a change in accreditation status. (Implementation beginning in July 2004 for providers seeking reaccreditation.)
- 2002-B-20 Providers who receive probation at reaccreditation receive the standard four-year term of accreditation. Failure to demonstrate compliance in all elements within no more than two years will result in nonaccreditation. A provider's demonstration of compliance in all elements will result in its ability to complete its four-year term with a status of accreditation. (Implementation effective immediately.)
- 2002-B-21 For providers who meet the criteria for Accreditation with Commendation, but have an element(s) in noncompliance, their status of accreditation can be changed to Accreditation with Commendation, and their term extended by two years (for no more than a total of six years from the original accreditation decision), once they have demonstrated through a progress report compliance with the element(s) that were previously in noncompliance. (Implementation effective immediately.)

When implementing policy 2002-B-21, the Accreditation Review Committee should consider a provider eligible for a change in accreditation status if the provider is able to demonstrate that the issue in question was brought into compliance within the first two years of the current accreditation term. (amended 11/03)

- 2002-B-22 Decisions of Administrative Probation and/or Non-accreditation/recognition are not subject to the 'Reconsideration and Appeals Process' of the ACCME. (Implementation effective immediately.)

2002-B-23 The ACCME may publish and release to the public, including on the ACCME web site, names of CME providers accredited by the ACCME and its recognized state medical societies, and names of CME providers whose accreditation by the ACCME or a recognized state medical society has been withdrawn. The ACCME may also publish and release to the public, including on the ACCME web site, accumulated data that does not specifically identify individual CME providers.

The ACCME will maintain the following as confidential, except as required for ACCME accreditation or recognition purposes, or as may be required by legal process, or as otherwise authorized by the CME provider/accreditor to which it relates,

1. Information acquired by the ACCME from a provider/accreditor during the accreditation/recognition process for that CME provider/accreditor except for accumulated data that does not specifically identify individual CME providers/accreditors;
2. Correspondence and memoranda within the ACCME relating to the accreditation/recognition process for a CME provider/accreditor;
3. Correspondence between ACCME and a CME provider/accreditor relating to the accreditation/recognition process for the CME provider/accreditation; and
4. ACCME proceedings relating to a CME provider/accreditor. (1-4 collectively, "Confidential Information")

In order to protect the Confidential Information, ACCME and its committee members and volunteers are required,

1. Not to make copies of, disclose, discuss, describe, distribute, or disseminate in any manner whatsoever, including in any oral, written, or electronic form, any Confidential Information that the ACCME or its committee members receive or generate, or any part of it, except directly for ACCME accreditation or recognition purposes.
2. Not to use such Confidential Information for personal or professional benefit, or for any other reason, except directly for ACCME accreditation or recognition purposes.

2003-A-08 Note: This policy outlines a mechanism for the evaluation of compliance for daily, weekly or monthly CME activities of ACCME accredited providers that are primarily planned by and presented to the provider's professional staff (known as regularly scheduled conferences - RSC's).

The provider is required to describe and verify it has a system in place to monitor for compliance with the ACCME Elements and Policies, including the Standards for Commercial Support.

The Provider is required to verify its system to monitor for compliance:

1. Is based on real performance data and information derived from the RSCs that describes compliance (in support of ACCME Elements 2.1-2.5 and 3.1-3.3), and
2. Results in improvements when called for by this compliance data (in support of ACCME Elements 2.4, 2.5 and 3.1), and
3. Ensures that appropriate ACCME Letters of Agreement are in place whenever funds are contributed in support of CME (in support of ACCME Element 3.3).

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

2003-B-12 (Rescinded by 2004-C-01; Replaced by 2004-C-04)

Providers must be able to supply ACCME with written verification that appropriate verbal disclosure occurred at a CME activity. With respect to the documentation of verbal disclosure at CME activities:

1. A representative of the provider who was in attendance at the time of the verbal disclosure must attest, in writing:
 - a) that verbal disclosure did occur; and
 - b) itemize the content of the disclosed information (2000-B-14); or that there was nothing to disclose (1999-A-16); or that the faculty member had refused to disclose (1999-A-17).
2. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.

2003-C-12 Criteria for Accreditation with Commendation

A provider will be considered for Accreditation with Commendation if the provider:

1. Receives at least three Exemplary Compliance findings and
2. At least two of the Exemplary Compliance findings are in some combination of Elements 2.1, 2.4, 2.5 or 3.1 and
3. All other Elements are in Compliance.

- 2004-C-04 The acknowledgment of commercial support may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.
- 2004-C-05 Commercial Support is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity.
- 2004-C-06 Commercial exhibits and advertisements are promotional activities and not continuing medical education.
- Monies paid by commercial interests to providers for this promotional opportunity are not considered to be 'commercial support' of CME.
 - Accredited providers are expected to fulfill the requirements of SCS Standard 4 and to use sound fiscal and business practices with respect to these exhibits.
- 2004-C-07 Providers must be able to supply ACCME with written verification that appropriate verbal disclosure occurred at a CME activity. With respect to the documentation of verbal disclosure at CME activities:
- A representative of the provider who was in attendance at the time of the verbal disclosure must attest, in writing: (a) that verbal disclosure did occur; and (b) itemize the content of the disclosed information (SCS 6.1); or that there was nothing to disclose (SCS 6.2); and
 - The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.
- 2004-C-08 ACCME staff, with their understanding of the intent of ACCME and the spirit of the Updated Standards for Commercial Support (2004), is asked to act for ACCME in matters requiring clarification and interpretation during the implementation process for the Updated Standards.
- 2004-C-29 For the purposes of eligibility, the Board considers the following types of organizations eligible for accreditation and free to control the content of CME:
1. Liability insurance providers
 2. For-profit hospitals
 3. Health insurance providers
 4. For-profit nursing homes
 5. Group medical practices
 6. For-profit-rehabilitation centers

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