



ACCME'S GLOSSARY OF TERMS AND ABBREVIATIONS

Terms

Accreditation: The decision by the ACCME, or a recognized state medical society, that an organization has met the requirements for a CME provider as outlined by the ACCME. The standard term of accreditation is four years.

Accreditation Council for Continuing Medical Education (ACCME): The ACCME sets the standards for the accreditation of all providers of CME activities. The ACCME has two major functions: the accreditation of providers whose CME activities attract a national audience and the recognition of state or territorial medical societies to accredit providers whose audiences for its CME activities are primarily from that state/territory and contiguous states/territories. The ACCME's seven member organizations are the American Board of Medical Specialties (ABMS), the American Hospital Association (AHA), the American Medical Association (AMA), the Association of American Medical Colleges (AAMC), the Association for Hospital Medical Education (AHME), the Council of Medical Specialty Societies (CMSS), and the Federation of State Medical Boards of the U.S., Inc. (FSMB).

Accreditation Decisions: The types of accreditation offered and made by the ACCME, or a state medical society, to accredited providers. They include accreditation with commendation, accreditation, probationary accreditation, provisional accreditation and non-accreditation.

Accreditation Review Committee (ARC): The Accreditation Review Committee, a working committee of the ACCME, collects, reviews, and analyzes data from multiple sources about compliance with ACCME Essential Areas Elements and Policies; notes program improvements; and makes a recommendation to the ACCME for their final decision about accreditation of an applicant/provider.

Accreditation Statement: The standard statement that must be used by all accredited institutions and organizations. There are two different statements that might be used depending on the number and relationships of the organizations involved in planning and implementing the activity:

Directly sponsored activity -- An activity planned and implemented by an ACCME or state medical society accredited provider of CME.

The (name of the accredited provider) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Jointly sponsored activity -- An activity planned and implemented by an ACCME or state medical society accredited provider working in collaboration with a non-accredited entity.

The accredited provider must ensure compliance with the ACCME Essential Areas and Policies.

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.

Accreditation Survey Interview: Data collection by the ACCME that includes a review of the organization (structure, administration, mission, relationships), documentation, and activities. The survey interview can be conducted in one of three ways: *on site*, which is in-person at the site of the accredited institution/organization, or its activity; *face to face*, which is in-person usually at the offices of the ACCME; or through a *televideo* conference. Its purpose is to gather data about who is responsible for the CME program and activities, how documentation is accomplished, and how well the Elements of the Essential Areas are applied.

Accreditation with Commendation: The decision by the ACCME that an organization has exceeded the standards for a CME provider as outlined by the ACCME. The term of accreditation with commendation is six years.

Activity: An educational event for physicians, which is based upon identified needs, has a purpose or objectives, and is evaluated to assure the needs are met.

Activity Review: Data collection that allows the ACCME to observe an activity and document compliance with the requirements for accreditation. This review usually occurs during an accreditation survey (on-site) and is required for all new applicants before they are fully accredited.

American Board of Medical Specialties (ABMS): The ABMS is a member organization of the Accreditation Council for Continuing Medical Education. The ABMS nominates three individuals for appointment to the Board of the ACCME.

American Hospital Association (AHA): The AHA is a member organization of the Accreditation Council for Continuing Medical Education. The AHA nominates three individuals for appointment to the Board of the ACCME.

American Medical Association (AMA): The AMA is a member organization of the Accreditation Council for Continuing Medical Education. The AMA nominates three individuals for appointment to the Board of the ACCME.

Annual Report: Data collection by the ACCME that requires an annual submission of data from each accredited provider and allows the ACCME to monitor changes in an individual accredited provider's program and within the population of accredited providers.

Association for Hospital Medical Education (AHME): The AHME is a member organization of the Accreditation Council for Continuing Medical Education. The AHME nominates one individual for appointment to the Board of the ACCME.

Association of American Medical Colleges (AAMC): The AAMC is a member organization of the Accreditation Council for Continuing Medical Education. The AAMC nominates three individuals for appointment to the Board of the ACCME.

Classifications of Compliance with Essential Area Elements: Using criteria, the ACCME will determine the level of compliance with each Element in the three Essential Areas. The findings could be one of four levels of compliance: exemplary compliance, compliance, partial compliance, or noncompliance.

Commercial Bias: A personal judgment in favor of a specific proprietary business interest of a commercial interest.

Commercial Interest: A commercial interest is any proprietary entity producing health care goods or services consumed by, or used on patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for ACCME accreditation.

Commercial Support: 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. The definition of roles and requirements when commercial support is received are outlined in the Standards of Commercial Support (Element 3.3).

Committee for Review and Recognition (CRR): The Committee for Review and Recognition, a committee of the ACCME, collects, reviews and analyzes data about compliance with ACCME's Recognition Requirements for state, or territorial, medical societies to accredit providers whose target audience is limited to that state, or territory, or contiguous state, or territories. The CRR makes a recommendation to the ACCME for its final decision about Recognition. To be recognized by the ACCME, a state, or territorial, medical society (SMS) must meet the requirements for Recognition as determined by the ACCME.

Compliance: The provider is always or consistently meeting the standard of practice for the judged element.

Conflict of Interest: When an individual's interests are aligned with those of a commercial interest the interests of the individual are in 'conflict' with the interests of the public. The ACCME considers financial relationships to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest **and** the opportunity to affect the content of CME about the products or services of that commercial interest. The potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME – an incentive to insert commercial bias.

Continuing Medical Education (CME): 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.

Cosponsored Activity: A CME activity presented by two or more accredited providers. One institution must take responsibility for the activity.

Council of Medical Specialty Societies (CMSS): A member organization of the Accreditation Council for Continuing Medical Education. The CMSS nominates three individuals for appointment to the Board of the ACCME.

Credit: The “currency” assigned to CME activities. Requirements for the designation of credit are determined by the organization responsible for the credit system, e.g., AMA-PRA (Category 1 and 2 Credit), AAFP (Prescribed and Elective Credit), ACOG (Cognates), AOA (Category 1-A, 1-B, 2-A and 2-B Credit). Refer to those organizations for details about the specific requirements for assigning credit.

Criteria: The levels of performance and/or accomplishment required by the ACCME of an accredited provider for each Essential Area Element.

Designation of CME Credit: The declaration that an activity meets the criteria for a specific type of credit. In addition, designation relates to the requirements of credentialing agencies, certificate programs or membership qualifications of various societies. The accredited provider is responsible to these agencies, programs and societies in the matter of designation of credits and verifications of physician attendance. NOTE: The designation of credit for specific CME activities is not within the purview of the ACCME or the state medical associations as accrediting bodies.

Documentation Review: Data collection that allows the ACCME to verify that compliance with accreditation requirements has been met within a specific activity. This review occurs during an accreditation survey.

Elements: Performance in each Essential Area that must be met to be an accredited provider.

Enduring Materials: Enduring materials are printed, recorded or computer assisted instructional materials which may be used over time at various locations and which in themselves constitute a planned CME activity. Examples of such materials for independent physician learning include: programmed texts, audio-tapes, videotapes and computer assisted instructional materials which are used alone or in combination with written materials.

Essential Areas: The three categories of standards necessary to become an accredited provider. They are Purpose and Mission, Planning and Evaluation, and Administration.

Exemplary Compliance: The provider exceeds the standard of practice for the judged element.

Faculty: The speakers or education leaders responsible for communicating the educational content of an activity to a learner.

Federation of State Medical Boards of the U.S., Inc. (FSMB): A member organization of the Accreditation Council for Continuing Medical Education. The FSMB nominates one individual for appointment to the Board of the ACCME.

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

Focused Accreditation Survey: A specially arranged survey of a provider to collect data about a specific problem that has been reported or has not been corrected as a result of a progress report.

Joint Sponsorship: Sponsorship of a CME activity by two institutions or organizations when only one of the institutions or organizations is accredited. The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a non-accredited institution, or organization and must use the appropriate accreditation statement. A commercial interest cannot take the role of non-accredited entity in a joint sponsorship relationship.

Monitoring: Data collection which allows the ACCME to note changes in the program of CME between formal accreditation reviews. These data are collected in the annual reports required of each provider and/or in the pursuit of a complaint/inquiry about a specific CME activity.

Monitoring Committee (MC): The Monitoring Committee, a working committee of the ACCME, that is responsible for monitoring the ACCME organization, the accreditation system, and process, and providers to assist with continual improvement of CME accreditation.

Needs Assessment/Data: A process of identifying and analyzing data that reflect the need for a particular CME activity. The data could result from a survey of the potential learners, evaluations from previous CME activities, needed health outcomes, identified new skills, etc. Needs assessment data provide the basis for developing learner objectives for the CME activity.

Nonaccreditation: The accreditation decision by the ACCME that an organization has not demonstrated the standards for a CME provider as outlined by the ACCME.

Noncompliance: The provider is not meeting the standard of practice for the judged element.

Objectives: Statements that clearly describe what the learner will be able to know or do after participating in the CME activity. The statements should result from the needs assessment data.

Organizational Framework: The structure (organizational chart), process, support and relationships of the CME unit that are used to conduct the business of the unit and meet its mission.

Parent Organization: An outside entity, separate from the accredited provider that has control over the funds, staff, facilities, and/or CME activities of the accredited provider.

Participant: An attendee, primarily physicians, at a CME activity.

Partial Compliance: The provider is only sometimes or not fully meeting the standard of practice for the judged element.

Planning Process(es): The method(s) used to identify needs and assure that the designed educational intervention meets the need(s) and produces the desired result.

Probation: The accreditation decision by the ACCME that an accredited provider has not met all the standards for a CME provider as outlined by the ACCME. The accredited provider must correct the deficiencies to receive a decision of accreditation. While on probation, a provider may not jointly sponsor new activities.

Program of CME: The CME activities and functions of the provider taken as a whole.

Progress Report: A report prepared for the ACCME by the accredited provider communicating changes in the provider's program to demonstrate compliance with the Elements that were found in partial compliance, or non-compliance, during the most recent accreditation review.

Provider: The institution or organization that is accredited to present CME activities.

Provisional Accreditation: The accreditation decision by the ACCME that an initial applicant for accreditation has met the standards for a CME provider as outlined by the ACCME.

Recognition: The process used by the ACCME to approve state medical societies as accreditors of intrastate providers.

Regularly Scheduled Conference (RSC): Daily, weekly, monthly or quarterly CME activity that is primarily planned by and presented to the accredited provider's professional staff.

Relevant Financial Relationships: ACCME focuses on financial relationships with commercial interest in the 12 month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines "relevant" financial relationships" as financial relationships in any amount occurring in within the past 12 months that create a conflict of interest.

Self Study: A report of data collection by the ACCME that allows the accredited provider to document its accomplishments, assess areas where improvements may be necessary and outline a plan for making those improvements.

Standards of Commercial Support: Standards to ensure independence in planning and implementing CME activities.

Supporter: See Commercial Interest

Abbreviations

ACCME	Accreditation Council for Continuing Medical Education
ARC	Accreditation Review Committee
AAFP	American Academy of Family Physicians
ABMS	American Board of Medical Specialties
ACOG	American College of Obstetrics and Gynecology
AHA	American Hospital Association
AMA	American Medical Association
AOA	American Osteopathic Association
AHME	Association for Hospital Medical Education
AAMC	Association of American Medical Colleges
CRR	Committee for Review and Recognition
CME	Continuing Medical Education
CMSS	Council of Medical Specialty Societies
FSMB	Federation of State Medical Boards of the U.S., Inc.
MC	Monitoring Committee