

Alliance Response to January 2010 ACCME Calls for Comment

Call #1: Complaints and Inquiries Process

The ACCME is seeking comment on a proposal for balancing transparency and confidentiality in the Complaints and Inquiries Process.

The Alliance for Continuing Medical Education supports the proposed Complaints and Inquiries Process as outlined in its call for comments with one minor caveat.

We believe it is important that it be the policy of the ACCME that those who file the complaint not be given detailed information regarding the findings of the ACCME review other than the resulting action taken by ACCME. We believe it is possible that detailed information could be misused by those filing the complaint or the media to malign a program and/or supporter – particularly if this information is taken out of context.

Call #2: Knowledge-based CME Activities

At the urging of several stakeholders of the ACCME's accreditation system, the ACCME is asking the CME community: Should the ACCME add the word knowledge into Criteria 1, 3, and 11?

The Alliance for Continuing Medical Education supports Option A as presented in the ACCME “Call for Comment on Knowledge-based CME Activities.” Adult learning theory and behavior change theory both posit that learning and translation of learning to practice is a continuum that begins with the transfer of knowledge. Prochaska and DeClemente would argue that the first stage in changing behavior is for the learner to acknowledge that a change is needed and then to take steps to make that change. We believe CME providers should be able to provide knowledge-based education and have these activities recognized as accredited CME. To not do so suggests that physician learners don't value or benefit from knowledge transfer, which is not the experience of Alliance members.

Physicians may take part in a certified CME program specifically to assess whether or not the content area is one which he/she feels a need to explore further and perhaps put into practice. We believe it is better for physicians to have the opportunity to conduct this type of self assessment with CME that complies with the ACCME Essentials, Elements, and corresponding criteria rather than through unregulated education that might be biased or promotional in nature.

While we believe that the reintroduction of knowledge transfer as an acceptable goal of certified education is wise and supported by prevailing adult learning and behavior change theories, we fully support the principle that certified CME should aspire to achieve a positive impact on physician competence, performance, and ultimately patient outcomes. CME providers should be encouraged to go beyond knowledge-based education whenever feasible. The guidance provided in Option B is valuable, and we urge the ACCME to use this clarifying statement while making the change to criteria that is incorporated in Option A. The Alliance suggests to the ACCME that providers who (1) focus on knowledge, competence, and performance improvement (which hopefully leads to improved patient outcomes) and (2) demonstrate that they have mechanisms in place to measure these three outcomes, be eligible for accreditation with commendation.

Call #3: ACCME's Recognition Process

The ACCME is proposing a new and simpler procedure for receiving and analyzing information from Recognized state and territory medical societies.

The Alliance for Continuing Medical Education cannot support the recommendations in the “Call for Comment: ACCME’s Recognition Process” based on the points listed below.

1. The changes suggested should be presented to the State and Territory Medical Society Accreditors (SMS’s) before being released for a general Call for Comment. The Alliance response would benefit from knowledge of the reactions/suggestions of the SMS’s. Comments from providers within the CME enterprise that are not part of this group of recognized entities would seem to be of little value.
2. The Alliance supports the concept of more frequent feedback from the ACCME to the SMS’s, but wishes to see a fully proposed schedule for submission and feedback, e.g., when the SMS would send the identified materials to the ACCME, when the SMS would receive feedback on these materials, etc. [Quarterly? Biannually? Monthly?]
3. How many examples of the SMS’s decisions will be required at each review? It is difficult to tell from the Call for Comment whether the ACCME intends to analyze all or some of the accreditation decisions. If all SMS decisions are to be analyzed, the Alliance is concerned that the workload will be too great both for the ACCME and the SMS’s.
4. Will the ACCME have a right to contact providers directly for further information or to discuss the materials under review? Will the ACCME be able to change accreditation decisions made by the SMS?
5. Who will be reviewing the content and making suggestions for improvement? What is the role of the CRR and the recognition surveyors in this process? Will ACCME staff be the ones reviewing the materials and making recommendations?
6. What is the time frame for SMS to remedy findings of noncompliance or non-equivalency?

ACCME must use this process as internal QI for the SMS. ACCME should share with the SMS’s the ARC’s Manner of Acting so that SMS’s will make accreditation decisions based on the same information that ACCME uses for its providers. De-identified information regarding non-compliance findings for the accreditors should be disseminated to the SMS as a learning opportunity for all accreditors.

The Alliance believes that implementation of these recommendations in 2010 is too soon, given the many unanswered questions. If the SMS’s come to consensus that changes are warranted, the process should be presented in detail to all SMS accreditors, with the opportunity for the SMS’s to provide input, with subsequent revisions and clarifications based on this input in 2010. A final discussion on the process could then occur at the 2010 annual SMS/ACCME meeting with possible implementation in 2011 or 2012.