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February 16, 2016 Sent via email

Graham McMahon, MD, MMSc
President and Chief Executive Officer
Accreditation Council for Medical Education
515 North State Street
Chicago, IL 60654
Email: gmcmahon@accme.org

Dear Dr. McMahon,

On behalf of the American College of Rheumatology (ACR), thank you for inviting comment on the ACCME's proposal for a menu of new criteria for Accreditation with Commendation. The ACR's Committee on Education supports the objective of lifelong learning for physicians to ensure the best outcomes for our patients. To that end, we are aligned with ACCME's goals of regular and intentional examination and revision of accreditation criteria to guarantee application of best practices in pedagogy, engagement, and evaluation in order to leverage the power of education to improve healthcare and generate meaningful outcomes.

Further, the ACR values ACCME's practice of recognizing provider achievements designed to advance interprofessional collaborative practice, address public health concerns, create behavioral change, exhibit leadership, leverage educational technology and, where possible, demonstrate the impact of education on healthcare professionals and their patients. We applaud ACCME's desire to "reflect the diversity of the CME community, create flexibility, and offer a pathway for all CME provider types to achieve Accreditation with Commendation," and in response, respectfully submit, for your consideration, the following recommendations:

Critical Elements should be amended to "ORs" from "ANDs." Requiring "ANDs" significantly limits the flexibility intended by the introduction of the menu structure. We believe innovation and creativity will be reduced and not all provider types will have the ability to achieve Accreditation with Commendation.

Reduce the number of new criteria required for achieving Accreditation with Commendation. Achieving Accreditation with Commendation is a rigorous process and providers that have it are high performers who have demonstrated a commitment to excellence in medical education. Despite the benefits of the new menu of criteria in maintaining high standards, requiring compliance across each of the five categories would be process laden resulting in fewer opportunities for inventiveness in content delivery. We recommend providers be required to demonstrate compliance in a minimum of eight of any of the 16 proposed criteria.

Criteria-Specific feedback:

C24: Inclusive Teaching and Learning: Engages patient/public representatives in the planning and delivery of CME. We believe contributions from patients and/or public representatives in the planning and delivery of CME provide a needed perspective. We also concur that the inclusion of health professions students as teachers/authors can benefit both students and physician learners. However, while some content development processes lend themselves to inclusion, other processes, e.g., case writing, would prove difficult to be inclusive of non-health professionals and/or students in ≥25% of activities. Because of the potential burden to providers and patients/public representatives, we recommend The Standard be reduced to ≥10%of activities.

C25: Inclusive Teaching and Learning: Engages health professions students in the planning and delivery of CME. We recommend the term "health professions students" be clearly defined to include students at all levels, including fellows-in-training.

C28: Creating Behavioral Change: Develops communication skills of learners. As outlined in the ABIM's Assessment 2020 Final Report "competencies such as communication, teamwork, empathy and quality improvement are also vital for effective patient care, but formal assessment of them for practicing physicians is challenging. These skills have some special attributes. They may be context dependent in that the health care systems and teams may influence the ability of an individual to demonstrate them."[i]Until methods emerge that are effective, efficient, and can account for context and convey meaningful information that are accessible to a wider number of providers we recommend C28 not be included as a new criterion.

C30: Creating Behavioral Change: Creates individualized learning plans for learners. We recommend the word "repeatedly" be replaced with the minimum number of assessments needed, and ACCME's ideal timing of assessments required to satisfy this criterion be specified.

C33: Demonstrating Leadership: Engages in continuous professional development as educators. We recommend the ACCME provide parameters or identify acceptable types of continuous professional development activities (e.g., in-house training; ACCME trainings) that demonstrate provider compliance.

C36: Achieving Outcomes: Demonstrates the impact of the CME program on the performance of individual health professionals. The complexity and cost of implementation of a program of individualized assessment make this a challenging criterion to meet. In its 2020 Task Force Report[ii], ABIM describes the process to implement a thorough and useful plan for learner assessment, which details these challenges (http://assessment2020.abim.org/final-report/, PDF pgs. 15-23). Regulatory bodies that have the infrastructure, expertise and resources in place to do so efficiently already mandate requirements for broad assessment; the potential redundancy should be eliminated (C36-C38).

C37: Achieving Outcomes: Demonstrates the impact of the CME program on process improvement. Quality of patient care is already measured and reported through multiple mandated mechanisms, including PQRS, Meaningful Use, and Value Based Modifier reporting. As of 2016, eligible physicians will

be able to use Qualified Clinical Data Registries for quality reporting and will be able to participate in registries that provide a robust tool for continuous quality improvement. Based on this, we recommend measurement of the impact of CME on process improvement or health of patients communities, be removed.

C38: Achieving Outcomes: Demonstrates the impact of the CME program on the health of patients/communities. Critical elements and The Standard needed to satisfy proposed criterion C38 are not equally applicable and providers not in teaching hospitals, or those without similar access to patients and/or patient data, would be at a disadvantage in satisfying it. In keeping with ACCME's stated desire to "reflect the diversity of the CME community, create flexibility, and offer a pathway for all CME provider types to achieve Accreditation with Commendation," we recommend the Critical Elements and Standards for satisfaction for C38 be removed or tailored by provider type (e.g., teaching hospitals, medical specialty societies, state medical societies, etc.), offering providers in various practice areas comparable opportunities to achieve or continue Accreditation with Commendation.

We understand this is a step in an iterative process and the ACCME can expect the ACR to remain engaged as the process continues. If you have questions or would like to schedule a discussion about our recommendations please contact Lisa Amaker, Director, Continuing Medical Education, via email: lamaker@rheumatology.org or by telephone: 404-633-3777 ext. 327.

Sincerely,

Carol Langford, MD
Chair, ACR Committee on Education

Committee on Education

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[i] Assessment 2020 Final Report: *A Vision for Certification in Internal Medicine in 2020,* pg. 32.http://assessment2020.abim.org/final-report/
[ii] Ibid, pg. 15-23 in PDF (11-19 in report)