Please Note: The purpose of this glossary is to explain how the ACCME uses terms, definitions, and references within the ACCME accreditation system. These terms may have other meanings outside the ACCME. The ACCME is only able to speak about its accreditation and recognition system and the CME offered by providers accredited by the ACCME and by ACCME Recognized Accreditors.

Terms

ACCME-accredited provider: An organization accredited by the ACCME as a provider of continuing medical education. ACCME-accredited providers represent a range of organizational types and offer CME primarily to national or international audiences of physicians and other healthcare professionals.

ACCME Recognized Accreditors: State and territory medical societies recognized by the ACCME as accreditors of intrastate providers. To achieve recognition, a state or territory medical society must meet the ACCME requirements, the Markers of Equivalency.

Accreditation: The standard, four-year term awarded to accredited CME providers that meet the appropriate ACCME requirements. Accreditation is awarded by the ACCME or an ACCME Recognized Accreditor.

Accreditation Council for Continuing Medical Education (ACCME): A nonprofit corporation based in Chicago, responsible for accrediting institutions that offer continuing medical education (CME) to physicians and other healthcare professionals. The ACCME also has a system for recognizing state medical societies as accreditors for local organizations offering CME. The ACCME’s mission is to identify, develop, and promote rigorous national standards for quality CME that improves physician performance and medical care for patients and their communities. ACCME accreditation is a voluntary, self-regulatory system.

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 United States (FSMB).

Accreditation Criteria: The requirements against which CME providers’ compliance is determined in order to achieve or maintain accreditation. To achieve Provisional Accreditation, accompanied by a two-year term, providers must comply with Criteria 1, 2, 3, and 7–12. Providers seeking full Accreditation or reaccreditation with a four-year term must comply with Criteria 1–13. To achieve Accreditation with Commendation, along with a six-year term, providers must demonstrate compliance with all Criteria.
**Accreditation Decisions**: The decisions made by the ACCME or an ACCME Recognized Accrédidator concerning the accreditation status of CME providers. There are five options for accreditation status: Provisional Accreditation, Accreditation, Accreditation with Commendation, Probation, and Nonaccreditation.

Accreditation interview: A step in the accreditation and reaccreditation process. A team of two volunteer surveyors reviews the CME provider’s self-study report and performance-in-practice files, and then meets with the provider for the interview portion of the reaccreditation process. The purpose of the interview is for the provider to explain how the CME program fulfills accreditation requirements, and to discuss its strengths, accomplishments, and challenges.

**Accreditation Review Committee (ARC)**: The volunteer committee that reviews and analyzes the materials submitted by CME providers and surveyors to determine providers’ compliance with the ACCME Accreditation Criteria and policies. Based on this review, the ARC makes recommendations about accreditation decisions to the ACCME Decision Committee. ARC members are experienced CME professionals who are nominated by one of the ACCME's member organizations and elected by the ACCME Board of Directors.

**Accreditation statement**: The standard statement that must appear on all CME activity materials and brochures distributed by accredited providers. There are two variations of the statement; one for directly provided activities and for one jointly provided activities. For more information, see the Accreditation Statement Policy.

**Accreditation interview**: One of the steps in the initial/reaccreditation process. After reviewing the CME provider’s self-study report and performance-in-practice files, volunteer surveyors meet with the provider. The purpose of the interview is for the provider to explain how the CME program fulfills accreditation requirements, and to discuss its strengths, accomplishments, and challenges.

**Accreditation with Commendation**: The highest accreditation status, accompanied by a six-year term of accreditation. Accreditation with Commendation is available only to providers seeking reaccreditation, not to initial applicants. Providers must demonstrate compliance with all Accreditation Criteria to achieve Accreditation with Commendation.

**Accredited CME**: The term used to refer to those activities in continuing medical education that have been deemed to meet the requirements and standards of a CME accrediting body (e.g., the Accreditation Council for Continuing Medical Education (ACCME), the American Osteopathic Association, the American Academy of Family Physicians). When the ACCME uses the term accredited CME in its documents and processes it is referring to activities and programs within the ACCME’s accreditation system. This includes CME providers directly accredited by the ACCME, as well as providers accredited by ACCME Recognized Accreditors (state/territory medical societies). The ACCME, as an accrediting body, is responsible and accountable only for the accredited CME presented under the umbrella of an ACCME or ACCME Recognized Accreditor accreditation statement. When the ACCME uses the term accredited CME it does not intend to dictate any rules or obligations of the CME accredited under the auspices of other accreditors, such as the American Osteopathic Association or the American Academy of Family Physicians.

**Accredited CME provider**: An organization accredited by the ACCME or an ACCME.
Recognized Accréditor. When the ACCME uses the term *accredited CME provider* in its documents and processes, it is referencing organizations accredited within the ACCME’s accreditation system. This includes CME providers directly accredited by the ACCME, as well as providers accredited by ACCME Recognized Accreditors (state/territory medical societies). See also *intrastate provider*.

**Activity:** A CME activity is an educational offering that is planned, implemented, and evaluated in accordance with the ACCME Accreditation Criteria and accreditation policies.

**Activity review:** One of the requirements for achieving Provisional Accreditation or transitioning from Provisional Accreditation to Accreditation. An ACCME volunteer surveyor observes one of the organization’s CME activities, and then submits an Activity Review Form to the ACCME, documenting the compliance that was observed.

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

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

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

**Annual Report Data:** Data that accredited providers are required to submit on at least an annual basis describing their overall CME program. This information includes summary data about the numbers and types of CME activities, the hours of instruction, the numbers of physician and nonphysician participants, and some financial information. The ACCME analyzes this data to monitor changes in individual CME programs as well as to assess trends across the CME enterprise. Each year, the ACCME publishes the aggregated information, offering a comprehensive analysis of the size and scope of the CME enterprise nationwide.

**Association for Hospital Medical Education (AHME):** The AHME is a member organization of the Accreditation Council for Continuing Medical Education. The AHME nominates two individuals for election to the ACCME Board of Directors.

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

**Commercial Bias:** Content or format in a CME activity or its related materials that promotes the products or business lines of an ACCME-defined commercial interest.

**Commercial Interest:** A commercial interest, as defined by the ACCME, is any entity producing, marketing, re-selling, or distributing healthcare 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:** Monetary or in-kind contributions given by an ACCME-defined commercial interest to a CME provider that is used to pay all or part of the costs of a CME activity. The ACCME Standards for Commercial SupportSM: Standards to Ensure Independence in CME Activities explains the rules CME providers must follow when receiving and managing commercial support. Revenues that CME providers receive from advertising and exhibits are not considered commercial support.

**Committee for Review and Recognition (CRR):** The volunteer committee that collects, reviews, and analyzes data about Recognized Accreditors' (state or territory medical societies) compliance with the ACCME's recognition requirements, the Markers of Equivalency through a process called Maintenance of Recognition. The CRR makes recognition recommendations to the ACCME Decision Committee. The CRR is comprised of nine members; all members are nominated by the Recognized Accreditors and elected by the ACCME Board of Directors. See also Maintenance of Recognition.

**Committee learning:** A CME activity that involves a learner’s participation in a committee process addressing a subject that would meet the ACCME definition of CME if it were taught or learned in another format.

**Compliance:** The finding given when a CME provider has fulfilled the ACCME’s requirements for the specific criterion in the Accreditation Criteria or policy.

**Conflict of interest:** The ACCME considers financial relationships to create 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. See also relevant financial relationships.

**Continuing Medical Education (CME):** Continuing medical education consists of educational activities that 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 the 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 healthcare to the public.

**Co-provided activity:** A CME activity presented by two or more accredited providers. One of the accredited providers must take responsibility for the activity in terms of meeting ACCME requirements and reporting activity data to the ACCME. See also directly provided activity.

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

**Course:** A live CME activity where the learner participates in person. A course is planned as an individual event. Examples: annual meeting, conference, seminar.

**Credit:** The “currency” assigned to CME activities. Physicians and other healthcare
professionals use credits to meet requirements for maintenance of licensure, maintenance of specialty board certification, credentialing, membership in professional societies, and other professional privileges. The requirements for credit designation are determined by the organization responsible for the credit system. Organizations that administer credit systems for physicians include the American Medical Association, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the American Osteopathic Association. Please refer to those organizations for more information.

**Designation of CME credit:** The declaration that an activity meets the requirements for a specific type of credit. The accredited provider is responsible to those organizations that administer credit systems for compliance with applicable credit requirements. Please note: The designation of credit for CME activities is not within the purview of the ACCME or ACCME Recognized Accreditors. See also credit.

**Directly provided activity:** A CME activity that is planned, implemented, and evaluated by an accredited provider. This definition includes co-provided activities (offered by two accredited providers) reported to the ACCME by the accredited provider that takes responsibility for the activity. See also co-provided activity.

**Documentation review:** See *performance-in-practice review*.

**Enduring Materials:** CME activities that are printed, recorded, or accessible online and do not have a specific time or location designated for participation. Rather, the participant determines where and when to complete the activity. Examples: online interactive educational module, recorded presentation, podcast.

**Faculty:** The professionals responsible for teaching, authoring, or otherwise communicating the activity content.

**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 two individuals for election to the ACCME Board of Directors.

**Financial relationships:** See *relevant financial relationships*.

**Focused accreditation interview:** A specially arranged interview with an accredited provider to address noncompliance areas that had not been corrected in a progress report.

**Internet live activity:** An online course available at a certain time on a certain date and is only available in real-time, just as if it were a course held in an auditorium. Once the event has taken place, learners may no longer participate in that activity. Example: live webcast.

**Internet searching and learning CME:** An activity based on a learner identifying a problem in practice and then researching the answer online using sources that are facilitated by an accredited provider. For the purpose of ACCME data collection, the ACCME includes Internet point-of-care learning, as defined by the American Medical Association, in the category Internet searching and learning.

**Intrastate accredited provider:** CME providers accredited by state/territory medical societies recognized as accreditors by the ACCME. Intrastate providers offer CME primarily to
learners from their state/territory or contiguous states as opposed to ACCME accredited providers, which offer CME primarily to national or international audiences.

**Joint Accreditation™**: A program that offers organizations the opportunity to be simultaneously accredited to provide medical, nursing, and pharmacy continuing education through a single, unified application, fee structure, set of accreditation standards, and review process. Launched in 2009, Joint Accreditation is a collaboration of the ACCME, the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC).

**Joint providership**: providership of a CME activity by one accredited and one nonaccredited organization. The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a nonaccredited organization and must use the appropriate accreditation statement. A commercial interest cannot take the role of nonaccredited entity in a joint providership relationship.

**Jointly provided activity**: A CME activity that is planned, implemented, and evaluated by an accredited provider and a nonaccredited entity.

**Journal-based CME activity**: 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.

**Learner**: An attendee at a CME activity. See also physician participant and nonphysician participant.

**Learning from teaching activities**: Personal learning projects designed and implemented by the learner with facilitation from the accredited provider.

**Maintenance of Recognition**: System to ensure that Recognized Accreditors are applying the national standards for accreditation decisions and the accreditation process. Recognized Accreditors submit documents and information on an ongoing basis. The ACCME provides detailed, formative feedback to Recognized Accreditors in real-time as the data is reviewed. Feedback is given in relation to the Markers of Equivalency. The ACCME adopted Maintenance of Recognition in 2011 in order to improve the quality, value, and efficiency of the recognition process and to enable the ACCME and Recognized Accreditors to identify areas for improvement on an ongoing basis.

**Manuscript review CME**: An activity based on a learner’s participation in a manuscript’s pre-publication review process.

**Monitoring**: The ACCME monitors accredited providers between formal accreditation reviews by reviewing the program and activity data they submit on at least an annual basis. In addition, the ACCME has a formal procedure for accepting and reviewing complaints from the public and the CME community about ACCME-accredited providers’ compliance with accreditation requirements.

**Nonaccreditation**: The accreditation decision by the ACCME that a CME provider has not
demonstrated compliance with the appropriate ACCME requirements.

**Noncompliance:** The finding given when a CME provider does not fulfill the ACCME’s requirements for the specific criterion in the Accreditation Criteria or policy.

**Nonphysician participants:** CME activity attendees other than MDs and DOs, such as nurses, physician assistants, and other health professionals. For ACCME data collection purposes, residents are also included in this category.

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

**Participant:** An attendee at a CME activity. See also **physician participant** and **nonphysician participant**.

**Performance improvement CME:** An activity based on a learner’s participation in a project established and/or guided by a CME provider. A physician identifies an educational need through a measure of his/her performance in practice, engages in educational experiences to meet the need, integrates the education into patient care, and then re-evaluates his/her performance.

**Performance-in-practice review:** During the initial accreditation, reaccreditation, and progress report processes, the ACCME/Recognized Accréditeur selects activities to review from the CME provider’s current accreditation term. The provider then submits materials documenting how these activities fulfilled accreditation requirements. This process enables the ACCME/Recognized Accréditeur to ensure that accredited providers are consistently complying with requirements on an activity level.

**Physician participants:** CME activity attendees who are MDs or DOs. For purposes of ACCME data collection, residents are **not** included in this category, but are included under nonphysician participants.

**Probation:** Accreditation status given to accredited providers that have serious problems meeting ACCME requirements. Probation may also be given to providers whose progress reports are rejected. The accredited provider must correct the noncompliance issues in order to achieve accreditation status. While on probation, a provider may not jointly provide new activities. See also **progress report**.

**Program of CME:** The provider’s CME activities and functions taken as a whole.

**Progress Report:** Accredited providers that receive noncompliance findings in the Accreditation Criteria or policies must submit a progress report demonstrating that they have come into compliance. If the accredited provider successfully demonstrates compliance, the progress report is accepted and the provider can then complete its four-year accreditation term. If the progress report does not yet demonstrate compliance, the accredited provider will be required to submit a second progress report and/or the ACCME may require a focused accreditation interview to address the areas of noncompliance. The ACCME can also place an accredited provider on Probation or issue a decision of Nonaccreditation after reviewing a progress report.
**Provider:** The institution or organization that is accredited to present CME activities.

**Provisional Accreditation:** A two-year term given to initial applicants that comply with Accreditation Criteria 1, 2, 3, and 7–12.

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

**Regularly scheduled series (RSS):** A course that is planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly; and is primarily planned by and presented to the accredited organization's professional staff. Examples: grand rounds, tumor boards, and morbidity and mortality conferences.

**Relevant financial relationships:** The ACCME requires anyone in control of CME content to disclose relevant financial relationships to the accredited provider. Individuals must also include in their disclosure the relevant financial relationships of a spouse or partner. The ACCME defines *relevant financial relationships* as financial relationships in any amount that create a conflict of interest and that occurred in the twelve-month period preceding the time that the individual was asked to assume a role controlling content of the CME activity. The ACCME has not set a minimal dollar amount—any amount, regardless of how small, creates the incentive to maintain or increase the value of the relationship. Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, 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. See also *conflict of interest*.

**Self-study report:** A step in the accreditation process. When applying for accreditation or reaccreditation, CME providers prepare a report to explain their accomplishments and practices related to the Accreditation Criteria and policies, assess areas for improvement, and outline a plan for making those improvements.

**Standards for Commercial Support℠: Standards to Ensure Independence in CME Activities:** Standards for Commercial Support: Standards to Ensure Independence in CME Activities ACCME requirements designed to ensure that CME activities are independent and free of commercial bias. The Standards comprise six standards: independence, resolution of personal conflicts of interest, appropriate use of commercial support, appropriate management of associated commercial promotion, content and format without commercial bias, and disclosures relevant to potential commercial bias.

**Supporter:** See *commercial interest* and *commercial support*.

**Test-item writing:** A CME activity based on a learner’s participation in the pre-publication development and review of any type of test item. Examples: multiple choice questions, standardized patient cases.
### Abbreviations

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<tr>
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<td>Accreditation Council for Pharmacy Education</td>
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<td>ARC</td>
<td>Accreditation Review Committee</td>
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<td>AAFP</td>
<td>American Academy of Family Physicians</td>
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<td>American Board of Medical Specialties</td>
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