



**International Academy**  
for **CPD** Accreditation

# **Standards for Substantive Equivalency between Continuing Professional Development (CPD) Accreditation Systems**

**A Proposal from the International Academy for Continuing  
Professional Development (CPD) Accreditation**

**Call-for-Comment - Information Package**

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**Comment Period Ends: March 25, 2020**



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## Introduction

The [International Academy for Continuing Professional Development Accreditation](#) (the Academy) is pleased to invite you to participate in a call-for-comment about the proposed shared set of international standards to guide the accreditation of continuing medical education/continuing professional development (CME/CPD) for medical doctors (doctors) and health care teams globally.

These proposed standards are based on the feedback that the Academy received from the international community of CPD accrediting bodies and regulators. Our goal is to establish the domains and criteria for recognition of substantive equivalency of and between CPD accreditation systems. This recognition is intended to support international regulators in establishing physician educational requirements and leaders of developing CPD accreditation systems in providing guideposts of the core elements that should be expressed in their CPD accreditation systems.

To support your participation in the call-for-comment, we have included in this information package the background and purpose of the proposed standards, our approach to the development and revision process, the proposed standards, and survey questions. We suggest that you review these materials before completing the online survey.

The survey is available [here](#).

**We will accept comments until March 25, 2020 at 5:00pm Eastern Time (North America).**

## Background and Purpose

The [International Academy for Continuing Professional Development Accreditation](#) (the Academy) has developed a shared set of international standards to guide the accreditation of continuing medical education/continuing professional development (CME/CPD) for medical doctors (doctors) and health care teams globally. These standards will also be used to determine substantive equivalency between accrediting bodies. Substantive equivalency between accrediting bodies allows stakeholders – national authorities, regulators, credentialing bodies, certifying bodies, and most importantly, doctors and their patients – to know that the accredited education in support of improved patient care and patient safety meets the same level of independence, rigor, content validity, quality of design, and outcome measures. An added benefit is the ability to form agreements related to reciprocity of “credit” in jurisdictions that have and/or value credit as a currency of CME/CPD.



## Development and Revision Process

### Version 1: Delphi Process

A working group from the Academy developed the first set of standards by reviewing the literature on effective CPD accreditation<sup>1</sup> and an original set of substantive equivalency values developed by the Accreditation Council for Continuing Medical Education (ACCME) and the Royal College of Physicians and Surgeons of Canada (Royal College). These substantive equivalency values have been used for more than two decades as a mechanism of peer review between accrediting bodies and agreements for reciprocity between both the accreditation and credit systems.

Using a modified Delphi Process<sup>2</sup>, the first draft standards were released in an electronic survey to a large group of accrediting bodies and regulators – both members and non-members of the Academy. The survey asked survey participants to indicate their level of agreement with the proposed standards – made up of six domains and standards for each of the domains – as well as to identify any missing domains and/or standards. The survey results were presented at a pre-Cologne Conference in Berlin on May 16, 2019 and at the Cologne Consensus Conference, in Cologne, Germany, September 13-14, 2019. Participants were asked to discuss, in detail, the domains and standards.

### Version 2: Feedback from a Broader Community

Using the feedback provided from the Berlin Meeting and the Cologne Consensus Conference, the working group from the Academy developed a second version of the standards. Version 2 was presented to the Academy members and other stakeholders at the European CME Forum held in Manchester, England on November 6-8, 2019. The feedback collected from the Forum has been integrated into this final version of standards for substantive equivalency between accreditation systems.

### Version 3: Call-for-Comment on Final Draft Standards

Following this comment period, the working group will review the responses to the call-for-comment and revise the standards accordingly, seeking endorsement of the standards by accreditation and regulatory bodies whose senior staff are members of the Academy. In addition, the Academy will determine how best to communicate the standards and implement a process of review for substantive equivalency. The Cologne Consensus Conference, scheduled to be held in Chicago, Illinois on September 10-11, 2020 will focus on implementation of the standards.

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<sup>1</sup> McMahan GT et al. Evolving Alignment in International Continuing Professional Development Accreditation. *Journal of Continuing Education in the Health Professions* 2016

<sup>2</sup> Humphrey-Murto et al. Using consensus group methods such as Delphi and Nominal Group in medical education research. *Medical Teacher* 2016



## Working Group

We thank the members of the working group for their commitment in overseeing the development and revision process of these standards for determining substantive equivalency between accrediting bodies. The working group engaged in an inclusive process with stakeholders obtaining feedback, building consensus, and preparing these proposed standards. We appreciate their diversity of perspectives, expertise, and commitment to advancing the quality of accredited education for learners around the world.

Co-Chair: Craig Campbell, MD, FRCPC, Interim Director, CPD, Royal College of Physicians and Surgeons of Canada (former position)

Co-Chair: Kate Regnier, MA, MBA, Executive Vice President, Accreditation Council for Continuing Medical Education

Prof. Reinhard Griebenow, MD, PhD, Chair, Foundation Council, European Cardiology Section Foundation

Alexander Jäkel, Policy Adviser, German Medical Association

Robert Schafer, MD, CEO, European Board for Accreditation in Cardiology

Amy Smith, MBA, Director of CPD Accreditation, American Academy of Family Physicians

Michel Smith, Manager, CPD Accreditation, Royal College of Physicians and Surgeons of Canada

Kate Runacres, Program Co-ordinator, Royal College of Physicians and Surgeons of Canada  
(*secretariat*)

## Glossary

The draft standards for substantive equivalency utilize terminology defined in the glossary published by the International Academy (see page 13). Definitions will be clarified, and additional terms will be added, as necessary, once the standards are finalized.



## Domains at a Glance

The International Academy for CPD Accreditation has proposed six domains with supporting standards that will be used to determine and recognize the substantive equivalency of CME/CPD accrediting bodies:

### **Domain 1: Eligibility and Responsibilities of an Accrediting Body**

This domain focuses on which organizations are eligible to develop and implement CPD accreditation systems and the standards that describe the administrative roles and responsibilities of an accrediting body.

### **Domain 2: Independence and Transparency in Accredited Education**

This domain focuses on requirements that seek to ensure that educational activities are designed and implemented independent from the influence of commercial interests defined as any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients.

### **Domain 3: Needs Assessment Used in Planning Accredited Education**

This domain focuses on the types of data sources that are used to identify the educational needs of individual doctors or health teams.

### **Domain 4: Content Validity in Accredited Education**

This domain focuses on the process of developing content for accredited education that reflects the latest advances in scientific evidence and technological advances to continuously enhance the quality and safety of care provided to patients.

### **Domain 5: Quality of Educational Design in Accredited Education**

This domain focuses on the effectiveness of the design of educational formats in addressing the identified needs of the intended target audience.

### **Domain 6: Outcomes from Accredited Education**

This domain focuses on assessment of the effectiveness and educational impact of accredited education on learning, competence, or performance of doctors, and/or the health status of patients.



## Standards for Substantive Equivalency Between CPD Accreditation Systems

### Domain 1: Eligibility and Responsibilities of an Accrediting Body

#### Introduction

The primary purpose of continuing professional development (CPD) is to promote continuous improvement of the competence and performance of individual medical doctors or healthcare teams in providing exemplary healthcare for patients.

Accreditation systems are intended to serve doctors and healthcare teams by establishing that accredited education has complied with established accreditation standards. Given the importance of accreditation in supporting improved healthcare for patients, the pharmaceutical or device industry or other commercial interests are not eligible to be accrediting bodies.

The eligibility for an organization to function as an accrediting body and the standards that outline their roles/responsibilities are listed below:

#### Standards

##### 1.1 The accrediting body must be:

- I. a legal entity;
- II. led by, or include the perspective of, the profession of medicine; and
- III. accountable to the public through transparent reporting of governance, accreditation decisions, and finances on a regular basis.

##### 1.2 The accrediting body must not be:

- I. a commercial interest, or any entity under the direct or indirect control of a commercial interest, defined as any entity producing, marketing, selling, re-selling, or distributing a healthcare good or service consumed by, or used on, a patient;
- II. under direct or indirect control or influence of a professional lobbying organization, scientific society/organization, accredited provider, organizer of accredited education with respect to governance, finances, rules, and procedures of the accreditation process, unless appropriate firewalls are in place to ensure there is no influence or bias as a result of these roles; and
- III. controlled solely by individuals as stakeholders for personal gain.

##### 1.3 The accrediting body must:

- I. identify which organizations are eligible to apply for accreditation;
- II. define and communicate a fair and transparent accreditation process that includes peer review by the medical profession and due process safeguards including a complaint process and reconsideration/appeal processes;
- III. require the review of both descriptions of compliance and demonstration of compliance, that is performance-in-practice, from organizations seeking accreditation or reaccreditation;



- IV. facilitate routine audit or inspection of accredited CME providers and accredited educational activities;
- V. engage with accredited CME providers and organizers of accredited education to improve understanding of the accreditation requirements and development of high quality, independent education for doctors;
- VI. require accredited CME providers or organizers of accredited education to improve areas found to be in noncompliance with the accreditation requirements;
- VII. ensure that accreditation decisions, as well as supporting documentation, are maintained by the accrediting body according to applicable national law or professional licensing requirements; and
- VIII. ensure that accredited CME providers or organizers of accredited education retain records related to compliance with the accreditation requirements, as well as learner completion for a time period defined by the accrediting body.

## Domain 2: Independence and Transparency in Accredited Education

### Introduction

Since there are many competing interests within and external to the medical profession that interfere with rational and evidence-based decision-making in healthcare, every effort must be made to safeguard independence and transparency in accredited education. The accrediting body plays a critical role in setting eligibility standards that prohibit commercial interests (entities that produce, market, re-sell, or distribute a healthcare good or service consumed by, or used on, patients) from seeking accreditation and implementing policies that prohibit control, influence or involvement in the planning, delivery, and evaluation of accredited education by commercial interests. If funding (commercial support) is provided by commercial interests to offset the costs of accredited education, that funding must be handled in a transparent manner and disclosed to learners.

### Standards

**2.1** The accrediting body must require accredited CME providers or organizers of accredited education to ensure that:

- I. commercial interests have no influence, control or involvement with the planning, content development, selection of educational methods, selection of who can deliver that content, selection of target audience, delivery of content, or any other aspect of the provision or evaluation of accredited education;
- II. all individuals involved in the planning and development, presentation (verbal or through creation of a manuscript), or evaluation of the accredited education disclose the presence or absence of relevant relationships (conflicts of interest) with commercial interests;
- III. the accredited CME provider actively mitigates the risk that relevant relationships could bias the content of the accredited education; and
- IV. learners are informed of the presence or absence of relevant relationships (conflicts of interest) for those in control of content (planners and faculty) in a meaningful and timely way that must not include any corporate branding.



**2.2** The accrediting body must require accredited CME providers or organizers of the accredited education to ensure that:

- I. the conditions and methods of payment of commercial support, defined as financial or in-kind support from entities that produce, market, sell, re-sell, or distribute a healthcare good or service consumed by, or used on, patients, for the accredited education meets national legal requirements, in particular tax and anti-corruption law, as well as professional law;
- II. if professional law prohibits commercial support, then it cannot be accepted;
- III. the provision of commercial support never constitutes a relationship between individual learners and the commercial supporter;
- IV. if the accredited provider or organizer of accredited education responds to a request for proposal issued by a commercial interest for commercial support, the accredited CME provider or organizer of accredited education retains control over the identification of needs, selection of faculty, selection of target audience, and all other aspects of planning, presentation, and evaluation of the education;
- V. commercial support is not used to pay the personal expenses (such as travel, accommodation, honoraria, or registration fees) of individual learners;
- VI. learners are informed prior to the start of the accredited education if commercial support is received, including the source of the commercial support; and
- VII. if promotional or sales activities are allowed, such as exhibits at accredited education, those interactions must be kept separate from the accredited education and learners must never be required to engage in such activities.

**2.3** The accrediting body must measure compliance by accredited CME providers or organizers of accredited education with the requirements stated in standards 2.1 and 2.2.

### **Domain 3: Needs Assessment Used in Planning Accredited Education**

#### **Introduction**

Needs assessment is an essential building block for the planning, implementation and evaluation of accredited education. Accrediting bodies value educational planning that is nimble and flexible, allowing for immediate needs of learners to be identified and addressed.

The accrediting body must have requirements in place that ensure accredited education is developed in response to an analysis of the needs of doctors, patients, and communities. Educational needs may be identified from a variety of data sources including the expressed (perceived) needs of doctors and healthcare teams, practice gaps of doctors and healthcare teams, and/or the health status of patients and populations. The accredited education developed to address these needs may also address the range of competencies relevant to the professional practice of doctors.



## **Standards**

**3.1** The accrediting body must require the accredited CME providers or organizers of the accredited education to ensure that identified needs are:

- I. based on an analysis of one or more of the following data sources:
  - a) the expressed needs of the target audience
  - b) the health status of individual patients, communities or populations
  - c) gaps in the knowledge base of doctors
  - d) variations in the knowledge, competence or performance of doctors
  - e) variations in systems of care
  - f) variation in the performance of teams;
- II. documented;
- III. used to inform the educational design of the accredited education;
- IV. used by those responsible for content development; and
- V. used to assess or evaluate the accredited education.

**3.2** The accrediting body must measure compliance by accredited CME providers or organizers of accredited education with the requirements stated in standard 3.1

## **Domain 4: Content Validity in Accredited Education**

### **Introduction**

The content presented in accredited education must present the latest advances in scientific evidence and technological advances relevant to the practice of medicine and delivery of healthcare in order to continuously enhance the quality and safety of care provided to patients. In addition, faculty, authors, and others in control of content must ensure that the content is relevant, evidence-based, balanced and free from commercial bias.

### **Standards**

**4.1** The accrediting body must require that the accredited CME providers or organizers of the accredited education ensure that that the content presented:

- I. is relevant and responsive to the identified needs of the target audience;
- II. addresses the range of competencies relevant to the practice of medicine;
- III. provides recommendations that are based on the highest level of evidence available;
  
- IV. is balanced by informing learners about potential benefits and risks, especially if the content is based only on expert opinion; and
- V. is not influenced or controlled by commercial interests.

**4.2** The accrediting body must measure compliance by accredited CME providers or organizers of accredited education with the requirements stated in standard 4.1.



## **Domain 5: Quality of Educational Design in Accredited Education**

### **Introduction**

Educational design is critical to the provision of effective education. Based on the education literature, adults learn better when the education is multi-modal, episodic, and interactive. Adaptive education allows for learners with different or changing needs to participate and improve. The educational format of the accredited education should reflect the intended outcome. For example, enhancing procedural skills using only didactic lectures is less likely to be effective than hands-on, skills-based training. Workplace learning should be encouraged and supported by accrediting bodies.

### **Standards**

**5.1** The accrediting body must require that accredited CME providers or organizers of the accredited education ensure the design of the accredited education:

- I. addresses the identified needs;
- II. utilizes educational formats that facilitate and support learning and practice change;
- III. facilitates the translation of new knowledge, skills and competencies into practice; and
- IV. supports thoughtful reflection and the joy of learning within the educational setting.

**5.2** The accrediting body must measure compliance by accredited CME providers or organizers of accredited education with the requirements stated in standard 5.1

## **Domain 6: Outcomes from Accredited Education**

### **Introduction**

The assessment of the impact of, or outcomes, from accredited education allows the accredited CME provider or organizer of the accredited education to determine if the education has been effective and to identify additional educational needs.

### **Standards**

**6.1** The accrediting body must require that accredited CME providers or organizers of the accredited education ensure the accredited education:

- I. includes one or more assessment methods (quantitative and/or qualitative) appropriate to the intended goals or outcomes of the accredited education;
- II. measures improvements in knowledge, skills, competencies, and/or intent-to-change during and/or after the accredited education;
- III. measures improvements in learner performance (where applicable); and
- IV. measures changes in patient health status (where practical).

**6.2** The accrediting body must measure compliance by accredited CME providers or organizers of accredited education with the requirements stated in standard 6.1



## Glossary

**Accredited education (Activity)** - An educational offering that is planned, implemented, and evaluated in accordance with the accrediting body's policies.

**Accredited Continuing Medical Education (CME) Provider** - An organization authorized by an accrediting body to assume the responsibility and accountability for the development of accredited CME.

**Accrediting Body** - The organization that sets and enforces the standards for CME activities and/or CME provider organizations through the review and approval of organizations or applications for the provision of CME and to monitor and enforce guidelines for these organizations or activities.

**Commercial Interest** - Any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients.

**Commercial Support** - Monetary or in-kind contributions given by a commercial interest to a CME provider that is used to pay all or part of the costs of a CME activity.

**Competence** - The degree to which learners show in an educational setting how to do what the activity intended them to do.

**Continuing Medical Education (CME)** - The process by which healthcare professionals engage in activities designed to support their continuing professional development. Activities are derived from multiple instructional domains, are learner centered, and support the ability of those professionals to provide high-quality, comprehensive, and continuous patient care and service to the public or their profession. The content of CME can be focused not only on clinical care, but also on those attitudes/skills necessary for the individual to contribute as an effective administrator, teacher, researcher, and team member in the healthcare system. Note: CME is often used interchangeably with continuing professional development (CPD).

**Continuing Medical Education Provider** - An organization with the responsibility and accountability to develop accredited educational activities.

**Continuing Professional Development (CPD)** - The learning journey of the healthcare professional as he/she seeks to improve her/his competence and expertise. This learning journey is supported by continuing medical education and other personal/professional activities by the learner with the intention of providing safe, legal, and high-quality services aiming at better health outcomes for the patients and the community. Note: CPD is often used interchangeably with continuing medical education (CME).

**Credit/Units** - The "currency" assigned to accredited CME activities. Medical doctors 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.



**Independence in CME/CPD** – All elements of the design, development and execution of the activity were made free from the control of a commercial interest and/or any other undesired influence.

**Knowledge** – The degree to which learners state what and/or how to do what the activity intended them to know and/or know how to do.

**Needs Assessment** – Method(s) used to identify the perceived and unperceived needs of an identified target learners.

**Organizer of Accredited Education** – Persons or entities deemed eligible to plan, present and evaluate accredited education in an activity-based accreditation system.

**Patient Health** - The degree to which the health outcome of patients improves due to changes in the practice behavior of learners.

**Performance** - The degree to which learners do what the CME activity intended them to be able to do in their practice.

**Substantive Equivalency** - Substantive equivalency is a relationship between accrediting bodies based on shared principles and values, while recognizing and accepting differences. The purpose of substantive equivalency is to foster international collaboration among accrediting bodies, facilitate continuous improvement in accreditation, expand opportunities for physicians and healthcare teams to participate in high-quality CPD around the world, and promote education that contributes to healthcare improvement for patients and their communities.



## Call-for-Comment Survey Questions

1) For each standard, you will be asked the following three questions:

- Is the standard clear as written?
- Do you foresee challenges or unintended consequences implementing the standard?
- What comments or questions do you have about standard?

2) You will be asked to provide your contact information.

3) You will also be asked which best describes you or your organization:

- Accrediting Body
- Regulator (e.g., Licensing Body)
- Accredited Provider of CME/CPD
  - If yes, accredited by which accrediting body
- Organizer of Accredited CME/CPD Activities
  - If yes, which accrediting body typically accredits your activities
- Physician Learner
- Member of the Public
- Commercial Interest
- Other (please describe)

4) You will be asked to identify if you are a member of the International Academy for Continuing Professional Development (CPD) Accreditation.