Editorial

ACCME – A Burdensome Bureaucracy
An Alternative Suggestion for Obtaining Continuing Medical Education Credits

To stay abreast of new developments in the medical specialties, it is essential for physicians to attend programs in continuing medical education. To ensure that these programs meet a high standard of quality, several professional societies, including the American Medical Association, the American Board of Medical Specialties, and others, established the Accreditation Council for Continuing Medical Education. The ACCME provides accreditation to the organizations that furnish educational programs so that physicians may receive credit for attendance on an hour per point basis. Many states now require a certain number of points per year for licensure. Many hospitals also require points to maintain medical staff privileges. The ACCME, therefore, has a powerful hold on physicians and on the continuing medical education organizations that need its approval.

Once let out of the bottle, however, the ACCME has indeed turned into an evil genie. In the last few years, perhaps in response to abuses by a few educational organizations, the ACCME has turned the process of obtaining accreditation into a monstrosity of form over substance. The requirement of answering a questionnaire of 26 pages of questions with up to 100 pages of replies borders on the ridiculous. Many of the questions deal with matters extraneous to the quality of education programs themselves, such as the process of holding planning meetings prior to educational programs and the manner in which topics are selected. The content of the "Mission Statement" is given more emphasis than the content of the programs. The organizational chart is considered more important than the effectiveness of the organization’s educational activities. The process of cosponsorship, whereby an accredited organization sponsors a meeting of another, usually smaller organization, has become so onerous that it practically prevents this practice.

The cost of ACCME accreditation has also been rising steadily. The increase of annual fees to $900 is a bagatelle. The costs of time and labor for filling out the forms for reaccreditation, the costs for representatives of an organization attending an interview for reaccreditation, and the costs of site-visits by ACCME representatives are becoming prohibitive. For the Association of Clinical Scientists, it is estimated that an expenditure of approximately $12,000 will be made to extend accreditation over the next two years. The ACCME has other ways of increasing the cost. As an example, for “Only $495.00 (plus $12.95 S&H)”, ACCME provides a set of videotapes on “Understanding the CME Accreditation Process.”

The costs and time involvement in maintaining accreditation have become so high that a member of an ACCME
committee has been heard to lament that the requirements will force smaller medical educational organizations to cease operation.

An example of the requirements ACCME places on educational organizations is provided by a recent mailing from the College of American Pathologists (CAP), requesting proposals for topics for the spring meeting in April, 1997. After describing the proposed lecture, the proposer is asked to state his educational objectives. Since it is not acceptable to state, “I want to present this paper because . . . .”, the CAP provides a four page guideline on Developing Objectives. The guideline includes definitions of “goals” and “objectives” and a paragraph on the “purpose of objectives.” (It does not state whether a “purpose” is a “goal” or an “objective.”) It refers to “Essential Three” of the ACCME requirements that “the sponsor shall have explicit objectives for each continuing medical education activity.” Four steps are given for a “simplified method of writing learning objectives.” Then a full page list of verbs is provided that should or should not be used in writing objectives. ACCME specifies the use of verbs that express information, comprehension, application, analysis, synthesis, and evaluation. The verbs “acquire”, “exemplify”, “realize”, and “reflect” are deemed useful because they “convey attitudes.” The list of verbs to be avoided is mercifully short: “appreciate”, “understand”, and “learn.” Most physicians appreciate that “learning” and “understanding” should be the desired outcome for continuing medical education.

The CAP should not be condemned for distributing this ridiculous list. ACCME and its requirements are the culprits.

Left to its own devices, the ACCME could destroy continuing medical education. It is at present strangling outstanding programs by concentrating on non-essentials. The goal (or is it a “purpose” or an “objective”?) of the ACCME should be to foster and stimulate continuing medical education, not to stifle it.

There are potential solutions to the problem of obtaining accreditation for continuing medical education programs. At present, the best solution would seem to be for the organizations that provide continuing medical education in pathology to establish their own accrediting organization. There is a precedent for this. The American Academy of Family Practice acts as an accrediting organization for its specialty. Its CME points are accepted by the AMA.

Continuing medical education is essential. Some form of accreditation is needed to ensure the legitimacy of CME programs. But the ACCME has gone too far astray and has become a burdensome bureaucracy. It is time to develop alternatives.

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