VCU Health
Continuing Education

Planning guide

For those planning accredited continuing education activities

2026

Who should access this guide?

Individuals involved in the planning of continuing education (CE) activities who are interested in applying for CE credit.

For technical instructions for the CloudCME LMS system and online CE Activity Application form, please review the “Continuing Education Activity Application” guide.

Terms and definitions

- **Activity Type** – term used by accrediting body to classify educational programs

- **Interprofessional continuing education (IPCE)** - when members from two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes

Accreditation

VCU Health Continuing Education is a Jointly Accredited provider, recognizing our commitment to interprofessional education. This accreditation allows us to offer a wide variety of credits for the health care team, including:

- AAPA Category 1 CME credit for physician assistants
- ACPE credit for pharmacists and pharmacy technicians
- ***AMA PRA Category 1 Credit***™ for physicians
- ANCC credit for nurses
- APA credit for psychologists
- ASWB ACE credit for social workers

JOINTLY ACCREDITED PROVIDER™

INTERPROFESSIONAL CONTINUING EDUCATION

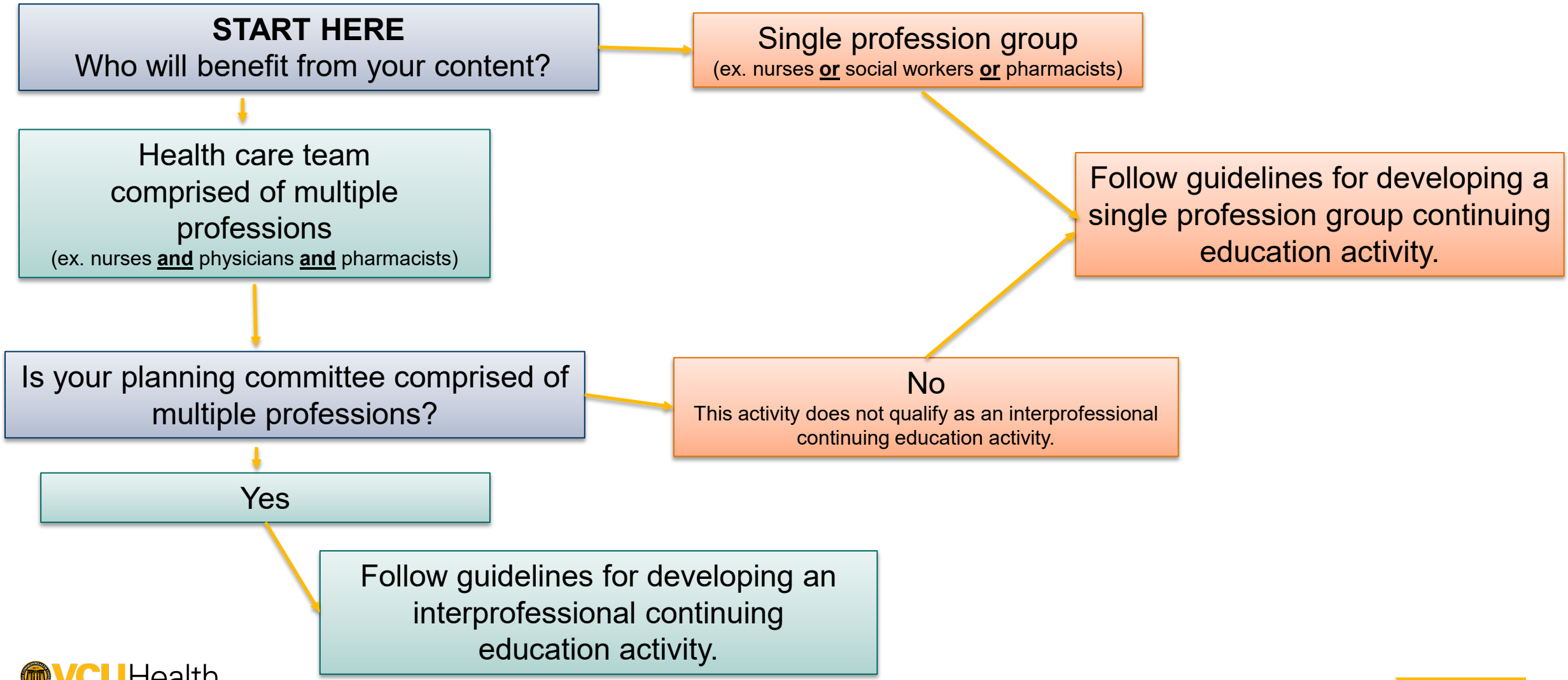
VCU Health is accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the health care team through November 2025.

What does this mean for planning committees?

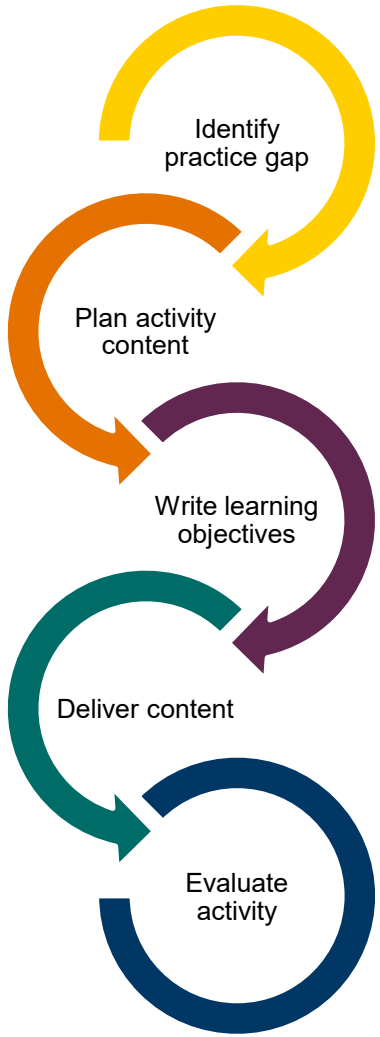
1. Additional credit types are now available for your learners.
2. All continuing education activities designated to offer credit must align with Joint Accreditation criteria and requirements stipulated by VCU Health Continuing Education.
3. Interprofessional activities must be designed **by** the health care team, **for** the health care team.
4. Planning committee members should reflect the target audience.

Is my activity considered interprofessional continuing education?

Use this flowchart in the beginning of your planning process to guide the development of the continuing education activity.



Planning process



This guide follows the planning process shown.

Each element is indicated in the header.

What is the problem you are trying to address?

The **practice gap** – a difference between what is currently happening in practice and the desired practice or opportunity for improvement – is the problem you are trying to address with your educational activity. A best practice is to review what learners currently know and/or do (actual practice) versus what they should know and/or do (best practice).

Suggested planning committee discussion questions:

1. Why does our target audience need to participate in this educational activity?
2. What do they need to know?
3. How did you figure out this problem (practice gap) exists?

Tips for writing practice gaps

Practice gaps can be…

- General – appropriate for regularly scheduled series.
- Specific – appropriate for courses and internet enduring materials.

Practice gaps should…

- Specify the target audience the activity is designed for.
  - Interprofessional activities must address practice gaps of the health care team and/or the individual team members' knowledge, skills, or performance as part of the health care team.
- Describe the problem the activity is trying to address.

Example single profession practice gaps

Gap type	Target audience	Activity type	Example
General	Single profession	Grand Rounds	Internal medicine providers share that they lack understanding of various medical innovations and associated strategies that can be implemented in their practice.
Specific	Single profession	Course	Intensivists are not routinely prescribing low tidal volume ventilation to patients with acute lung injury.

Example interprofessional practice gaps

Gap type	Target audience	Activity type	Example
General	Interprofessional	Tumor Board	Oncology teams are inconsistent in the implementation of the latest screening and management recommendations.
Specific	Interprofessional	Course	Practitioners managing patients with acute stroke only follow treatment recommendations 30% of the time. With optimal team management, patient survival and quality of life can be significantly improved. Health care teams lack knowledge of new stroke recommendations and lack strategies to implement into their practice.

How did you figure out this problem existed?

A **needs assessment** provides the evidence to support the educational need for your activity. It should be data driven and identify the cause of the practice gap.

Suggested planning committee discussion questions:

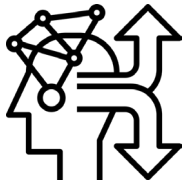
1. What sources of data should be considered?
2. What data was collected to justify planning this educational activity?
3. How will this information be used in the activity?

Common needs assessment data sources
Survey data from stakeholders, target audience members, subject matter experts
Input from stakeholders
Quality studies and/or performance improvement activities
Evaluation data from previous education activities
Trends in literature, law, health care
Direct observation
Advice from authorities in the field
Public health data

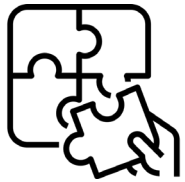
What kind of educational need will be addressed?

Educational needs fall into three categories:

Knowledge needs – target audience does not know



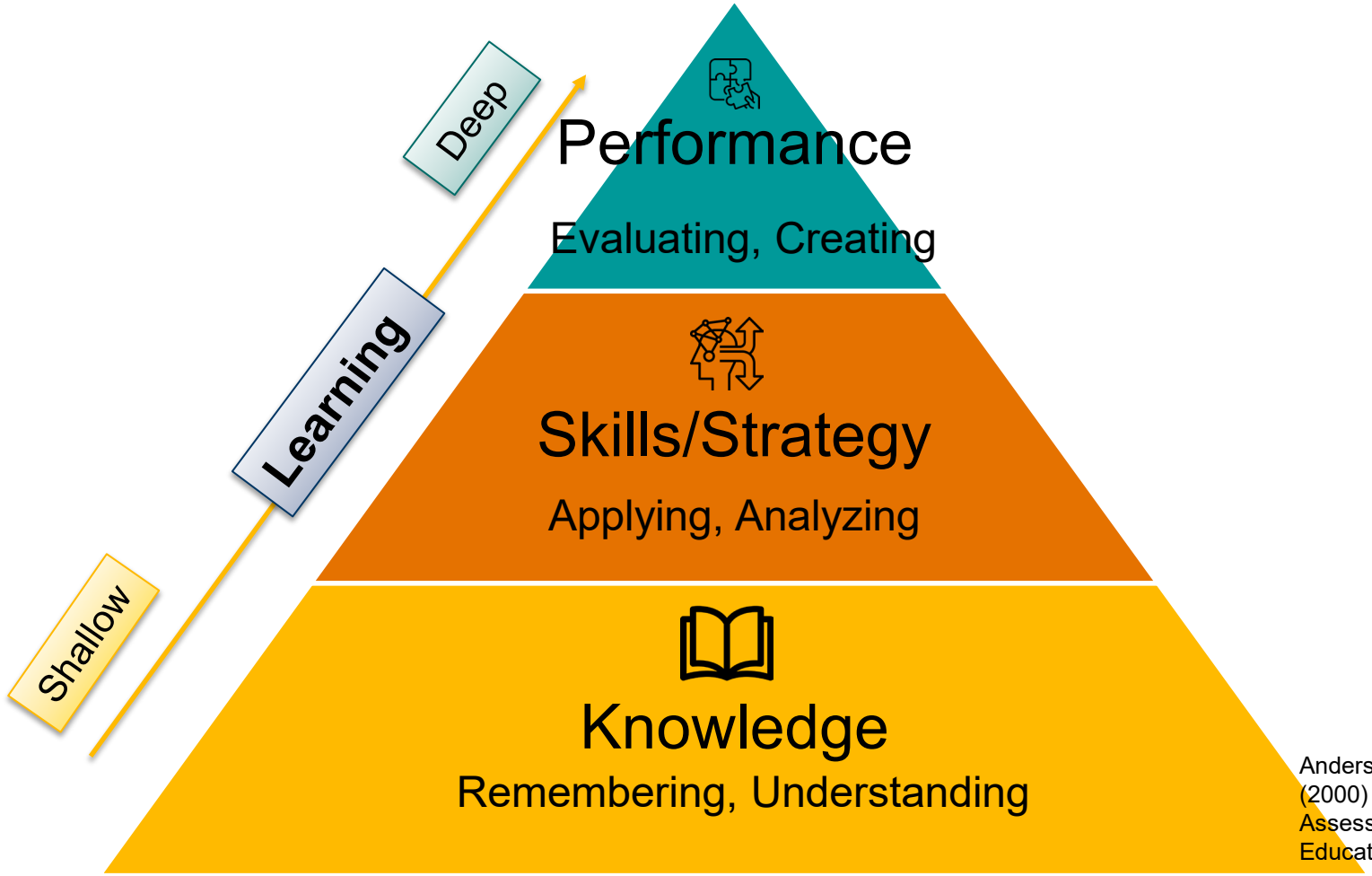
Skills/strategy needs – target audience does not know how



Performance needs – target audience is unable to show or do in actual practice

What kind of educational need will be addressed?

Educational needs follow a continuum from shallow to deep learning.



Anderson, L.W. and David R. Krathwol, D.R., et al (2000) A Taxonomy for Learning, Teaching, and Assessing: A Revision of Bloom's Taxonomy of Educational Objectives. Allyn & Bacon

Example single profession educational need

Identified practice gap:
A new antibiotic was recently approved for treating community acquired pneumonia.

Need type	Need statement
Knowledge	Understanding that a new antibiotic is available for community acquired pneumonia.
Skills/strategy	Knowing how to prescribe the antibiotic to patients with community acquired pneumonia.
Performance	Ability to integrate an evidence based approach to using the new antibiotic in clinical practice.

Example interprofessional educational need

Identified practice gap:
Communication between members of the health care team is negatively impacting patient safety because the team is not utilizing communication techniques.

Need type	Need statement
Knowledge	Understanding of communication techniques.
Skills/strategy	Knowing how to utilize communication techniques.
Performance	Ability to incorporate communication techniques to reduce safety errors.

Activity content guidelines

Planning committees are recognized as the subject matter experts and charged with ensuring that the activity content is:

Designed to maintain, develop, or increase the knowledge, skills, and professional performance and relationships of individual learners and/or the health care team.

Based on the body of knowledge and skills generally recognized and accepted by the profession and/or the health care team.

Non-promotional and independent of any commercial interest influence.

What is the best format to deliver planned content?

Suggested planning committee discussion question:

1. What educational format is the most appropriate for the content and desired results of this activity?

Most commonly used formats include:

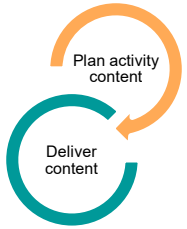
Courses – partial day to multiple day live activities
ex. conferences, symposia, workshops

Regularly Scheduled Series – live activities planned for the same audience on a regular schedule
ex. case conferences, Grand Rounds, Journal Clubs, M&M, Tumor Boards

Enduring materials – Internet – asynchronous online content the learner accesses at their convenience
ex. online courses

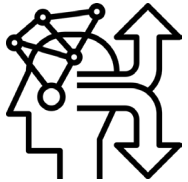
FAQ:
Can learners receive credit for attending live activities via videoconference?

Yes, if the learners at the remote location are able to fully participate in discussions, ask questions, and receive answers.



Learner engagement strategies

Incorporating active learning strategies and learner assessment will help you to assess if the activity addressed the problem you intended it to.

Educational need type the activity will address	Suggested active learning techniques
 **Knowledge**	Integrating opportunities for dialogue or question/answer
	Including time for self-check or reflection
	Games and quizzes to practice recall
 **Skills/Strategy**	Reviewing case studies with interactive discussion
	Use of an audience response system
	Providing opportunities for problem-based learning
 **Performance**	Example with practice
	Role play
	Demonstration
	Simulation/practice exercises

Measurable Learning objectives

At least 3 measurable learning objectives are required for all accredited educational activities and should:

- Clearly communicate the focus of the educational content.
- Link the educational need to the expected outcomes.
- Align with activity educational need and practice gap.
- Be consistent with professional competencies of target audience (i.e. scope of practice).
- Define faculty and learner responsibilities.
- Enable evaluation of the learners and the content.

Suggested planning committee discussion question:

1. What observable learner action(s) should be achieved by the end of the activity?

Measurable Learning objectives

Each learning objective should have a verb appropriate for the educational need type/level of learning for the activity and a stem describing the learner outcome.

Verb: chosen by activity type that elicits or describes a measurable/observable behavior
Stem: outcome-based take away

Helpful hints:

Do: Describe the observable action that you would expect to see the learner "doing" upon completion of the learning activity.
Don't: Do not describe the instruction that you, the faculty member, will perform in order to teach the learner.

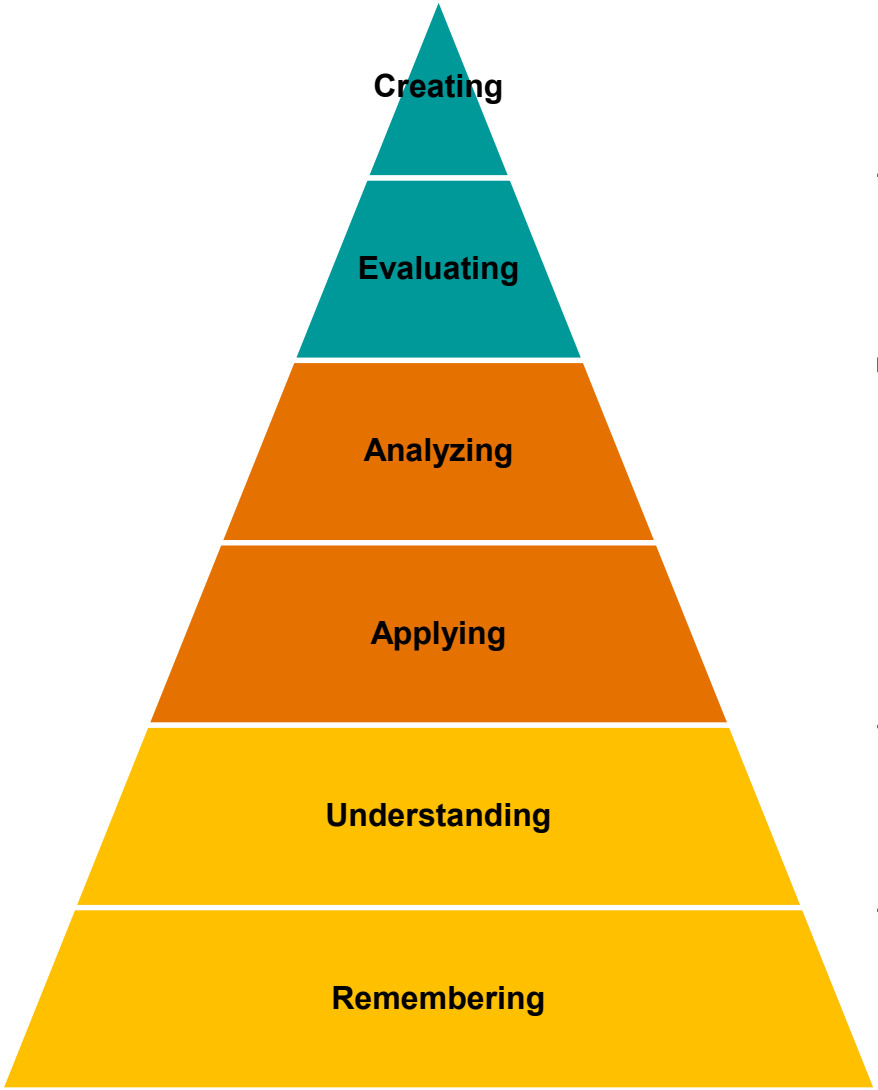
Do: Describe only one action in each objective.
Don't: Combine more than one action using "and."

Do: Write learning objectives that are supported by the content of the learning activity.
Don't: Write a learning objective based on content that is insufficiently addressed.

AAFP Guidelines for Writing Learning Objectives
https://www.aafp.org/dam/AAFP/documents/cme/faculty_development/LearningObjectivesGuidelines.pdf

Learning objectives

Select “stem” verbs based on identified educational need



Creating: Assemble, construct, create, design, develop, formulate, plan, propose

Evaluating: Appraise, argue, assess, defend, evaluate, judge, select, support, value

Analyzing: Calculate, compare, contrast, differentiate, discriminate, distinguish, examine, experiment, test

Applying: Choose, demonstrate, employ, illustrate, interpret, operate, schedule, sketch, solve, use, write

Understanding: Classify, describe, explain, identify, locate, outline, recognize, report, select

Remembering: Define, list, name, order, recall, repeat, reproduce, state

Anderson, L.W. and David R. Krathwol, D.R., et al (2000) A Taxonomy for Learning, Teaching, and Assessing: A Revision of Bloom’s Taxonomy of Educational Objectives. Allyn & Bacon

Examples of a single profession measurable learning objective

Identified practice gap:
A new antibiotic was recently approved for treating community acquired pneumonia.

Need type	Need statement	Learning objectives
Knowledge	Understanding that a new antibiotic is available for community acquired pneumonia	• Describe risks and benefits of new antibiotic. • Discuss available treatments for community acquired pneumonia.
Skills/strategy	Knowing how to prescribe the antibiotic to patients with community acquired pneumonia	• Compare new antibiotic to existing treatment options. • Choose appropriate antibiotic for patients with community acquired pneumonia.
Performance	Ability to integrate an evidence based approach to using the new antibiotic to treat community acquired pneumonia in clinical practice	• Select appropriate antibiotic. • Formulate treatment plan for community acquired pneumonia.

Examples of interprofessional measurable learning objectives

Identified practice gap:
Communication between members of the health care team is negatively impacting patient safety because the team is not utilizing communication techniques.

Need type	Need statement	Learning objective
Knowledge	Understanding of communication techniques	• Name common team communication techniques. • Explain how communication can impact patient safety.
Skills/strategy	Knowing how to utilize communication techniques	• Demonstrate appropriate team communication in role play scenario. • Examine communication behaviors that impact patient safety.
Performance	Ability to incorporate communication techniques to reduce safety errors	• Select appropriate team communication in practice. • Assess team's communication skills.

Content delivery

Planning committees are encouraged to provide learners with materials and resources to use in practice, more than copies of presentations.

Common examples include:

- Patient reminders
- Pocket guides
- Screening tools

Activity evaluation

VCU Health Continuing Education has template evaluation forms available to planning committees. All accredited continuing education activities must collect evaluation data that summarizes changes in practice. VCU Health does this through learner self-report of intent to change practice.

Planning committees should think about what information would be helpful to collect in advance to inform evaluation tool design.

VCU Health
Continuing Education

Application Approval Timeline

NOTE: Pre-planning survey; 45min planning meeting must be satisfied before you can submit an application.

STEP ONE

Complete and submit your VCU health CE application.

STEP TWO

The CE Office Director will review your application for administrative completeness.

STEP THREE

The IPCE Review Committee will conduct the final review and approval of your application.

STEP FOUR

Upon approval, the CE Service Contract will be drafted.

CE Service Contract must be executed prior to activity build.

STEP FIVE

CE Office will contact you for next steps on activity build.

Guide for Principal Planners of Interprofessional Continuing Education

VCU Health

Guide for the Principal Planner for an Interprofessional CE Activity

Introduction

As principal planners for a continuing education (CE) activity designed for the healthcare team, you have a number of responsibilities, including compliance, which is required by our accreditation agency: Interprofessional Joint Accreditation (JA). In order to maintain our CE accreditation, we ask your cooperation in facilitating the planning, and by providing us with the required documentation. Thank you.

Quick reference (see explanation below):

1. What is the problem in practice?
2. What do learners need to know/do?
3. What do you want your learners to do differently as a result of your activity?
4. Who have you included on your planning team that is reflective of the healthcare team?
5. How do you foster a learning environment so that learners learn about different professionals on the health care team?
6. What questions/cases will reflect that what you want your learners to adopt in making a change in their practice or a change in the teams' practice?

Accredited IPCE must be based on an identified gap in professional practice *for the healthcare team* and a resulting need. To plan a successful IPCE activity, you must be clear on the specific gaps for which the CE activity will address and address the identified gap and needs. The successive steps in the planning process — determination of the intended outcome of the education, the formats used to support the activity, the competencies that will be addressed in the activity, and the evaluation format — all link back to the identified gaps and needs. Importantly, the planning process must represent the gaps and needs of the healthcare team and not just one particular profession — so that the planners represent the professionals for

whom the activity is being planned and then work as a team to plan the activity based on needs for the entire team — *planning CE by and for the healthcare team.*

Match Your Planners to the Target Audience

Critical to IPCE compliance is that you must include one or more planners from each principal profession included in your target audience. For example, if your target audience includes physicians, nurses, and social workers, then one or more of each of those professions should be included on the Planning Committee.

Function of the Planning Committee

In an IPCE activity, the planners should function as a committee of the whole. In other words, they should meet as a group and share information about their needs relating to the activity with each other. Remember that an IPCE activity is about learning "by and for the healthcare team."

Being Clear About the Result of Your IPCE Activity

Joint Accreditation Criterion 5 requires that — based on the identified gaps and needs — you design the activity to achieve the desired change. Importantly, the desired change should be to resolve the gaps and address the needs of the healthcare team. As you determine what you want the activity to achieve, remember that the results should be to at a minimum impact the skills and strategies the learner uses to impact change in practice. You will be asked to identify the type of change that each of your results indicates. The possible options include (1) improvements in knowledge, (2) improvements in skills/strategy, and (3) improvements in performance. Knowledge improvement alone is not sufficient for JA!

Evaluation tools must reflect the results of your activity. Writing a case study or supplying options for outcomes reflective of your target audience is necessary.

Designing the Activity So That Participants Learn With, From, and About Each Other

In keeping with the purpose of JA to impact the healthcare team, IPCE activities must be designed to be interactive so that participants learn "with, from, and about each other. Remember that the activity is focused on the healthcare team, so using panel discussions, case studies or vignettes, and simulation — in which you can demonstrate the impact on each member of the team — is required.

Bloom's Taxonomy of Measurable Verbs

Benjamin Bloom created a taxonomy of measurable verbs to help us describe and classify observable knowledge, skills, attitudes, behaviors and abilities. The theory is based upon the idea that there are levels of observable actions that indicate something is happening in the brain (cognitive activity.) By creating learning objectives using measurable verbs, you indicate explicitly what the student must do in order to demonstrate learning.

Verbs that demonstrate *Critical Thinking*

KNOWLEDGE	COMPREHENSION	APPLICATION	ANALYSIS	SYNTHESIS	EVALUATION
					Appraise
				SYNTHESIS	Argue
				Arrange	Assess
			ANALYSIS	Assemble	Choose
			Analyze	Collect	Compare
		APPLICATION	Appraise	Combine	Conclude
		Apply	Categorize	Comply	Estimate
	COMPREHENSION	Complete	Compare	Compose	Evaluate
	Compare	Construct	Contrast	Construct	Interpret
KNOWLEDGE	Describe	Demonstrate	Debate	Create	Judge
List	Discuss	Dramatize	Diagram	Design	Justify
Name	Explain	Employ	Differentiate	Devise	Measure
Recall	Express	Illustrate	Distinguish	Formulate	Rate
Record	Identify	Interpret	Examine	Manage	Revise
Relate	Recognize	Operate	Experiment	Organize	Score
Repeat	Restate	Practice	Inspect	Plan	Select
State	Tell	Schedule	Inventory	Prepare	Support
Tell	Translate	Sketch	Question	Propose	Value
Underline		Use	Test	Setup	

Bloom's Taxonomy Action Verbs

Definitions	Knowledge	Comprehension	Application	Analysis	Synthesis	Evaluation
Bloom's Definition	Remember previously learned information.	Demonstrate an understanding of the facts.	Apply knowledge to actual situations.	Break down objects or ideas into simpler parts and find evidence to support generalizations.	Compile component ideas into a new whole or propose alternative solutions.	Make and defend judgments based on internal evidence or external criteria.
Verbs	• Arrange • Define • Describe • Duplicate • Identify • Label • List • Match • Memorize • Name • Order • Outline • Recognize • Relate • Recall • Repeat • Reproduce • Select • State	• Classify • Convert • Defend • Describe • Discuss • Distinguish • Estimate • Explain • Express • Extend • Generalized • Give example(s) • Identify • Indicate • Infer • Locate • Paraphrase • Predict • Recognize • Rewrite • Review • Select • Summarize • Translate	• Apply • Change • Choose • Compute • Demonstrate • Discover • Dramatize • Employ • Illustrate • Interpret • Manipulate • Modify • Operate • Practice • Predict • Prepare • Produce • Relate • Schedule • Show • Sketch • Solve • Use • Write	• Analyze • Appraise • Breakdown • Calculate • Categorize • Compare • Contrast • Criticize • Diagram • Differentiate • Discriminate • Distinguish • Examine • Experiment • Identify • Illustrate • Infer • Model • Outline • Point out • Question • Relate • Select • Separate • Subdivide • Test	• Arrange • Assemble • Categorize • Collect • Combine • Comply • Compose • Construct • Create • Design • Develop • Devise • Explain • Formulate • Generate • Plan • Prepare • Rearrange • Reconstruct • Relate • Reorganize • Revise • Rewrite • Set up • Summarize • Synthesize • Tell • Write	• Appraise • Argue • Assess • Attach • Choose • Compare • Conclude • Contrast • Defend • Describe • Discriminate • Estimate • Evaluate • Explain • Judge • Justify • Interpret • Relate • Predict • Rate • Select • Summarize • Support • Value

Bloom's Taxonomy Verbs

Use verbs aligned to Bloom's Taxonomy to create discussion questions and lesson plans that ensure your students' thinking progresses to higher levels.

Knowledge		Comprehend	
Count	Read	Classify	Interpret Cite
Define	Recall		Locate
Describe	Recite	Conclude	Make sense of
Draw	Record	Convert	Paraphrase
Enumerate	Reproduce	Describe	Predict
Find	Select	Discuss	Report
Identify	Sequence	Estimate	Restate
Label	State	Explain	Review
List	Tell	Generalize	Summarize
Match	View	Give examples	Trace
Name	Write	Illustrate	Understand
Quote			

Apply		Analyze	
Act	Imitate	Break down	Focus
Administer	Implement	Characterize	Illustrate
Articulate	Interview	Classify	Infer
Assess	Include	Compare	Limit
Change	Inform	Contrast	Outline
Chart	Instruct	Correlate	Point out
Choose	Paint	Debate	Prioritize
Collect	Participate	Deduce	Recognize
Compute	Predict	Diagram	Research
Construct	Prepare	Differentiate	Relate
Contribute	Produce	Discriminate	Separate
Control	Provide	Distinguish	Subdivide
Demonstrate	Relate	Examine	
Determine	Report		
Develop	Select		
Discover	Show		
Dramatize	Solve		
Draw	Transfer		
Establish	Use		
Extend	Utilize		

Synthesize		Evaluate	
Adapt	Intervene	Appraise	Interpret
Anticipate	Invent	Argue	Judge
Categorize	Make up	Assess	Justify
Collaborate	Model	Choose	Predict
Combine	Modify	Compare & Contrast	Prioritize
Communicate	Negotiate	Conclude	Prove
Compare	Organize	Criticize	Rank
Compile	Perform	Critique	Rate
Compose	Plan	Decide	Reframe
Construct	Pretend	Defend	Select
Contrast	Produce	Evaluate	Support
Create	Progress		
Design	Propose		
Develop	Rearrange		
Devise	Reconstruct		
Express	Reinforce		
Facilitate	Reorganize		
Formulate	Revise		
Generate	Rewrite		
Incorporate	Structure		
Individualize	Substitute		
Initiate	Validate		
Integrate			

Knowledge	
Useful Verbs	**Sample Question Stems**
Tell List Describe Relate Locate Write Find State Name	What happened after...? How many...? Who was it that...? Can you name the...? Describe what happened at...? Who spoke to...? Can you tell why...? Find the meaning of...? What is...? Which is true or false...?

Comprehension	
Useful Verbs	**Sample Question Stems**
explain interpret outline discuss distinguish predict restate translate compare describe	Can you write in your own words...? Can you write a brief outline...? What do you think could of happened next...? What do you think...? Can you distinguish between...? What differences exist between...? Can you provide an example of what you mean...? Can you provide a definition for...?

Application	
Useful Verbs	**Sample Question Stems**
Solve Show Use Illustrate Construct Complete Examine Classify	Do you know another instance where...? Could this have happened in...? Can you group by characteristics such as...? What factors would you change if...? Can you apply the method used to some experience of your own...? What questions would you ask of...? From the information given, can you develop a set of instructions about...? Would this information be useful if you had a ...?

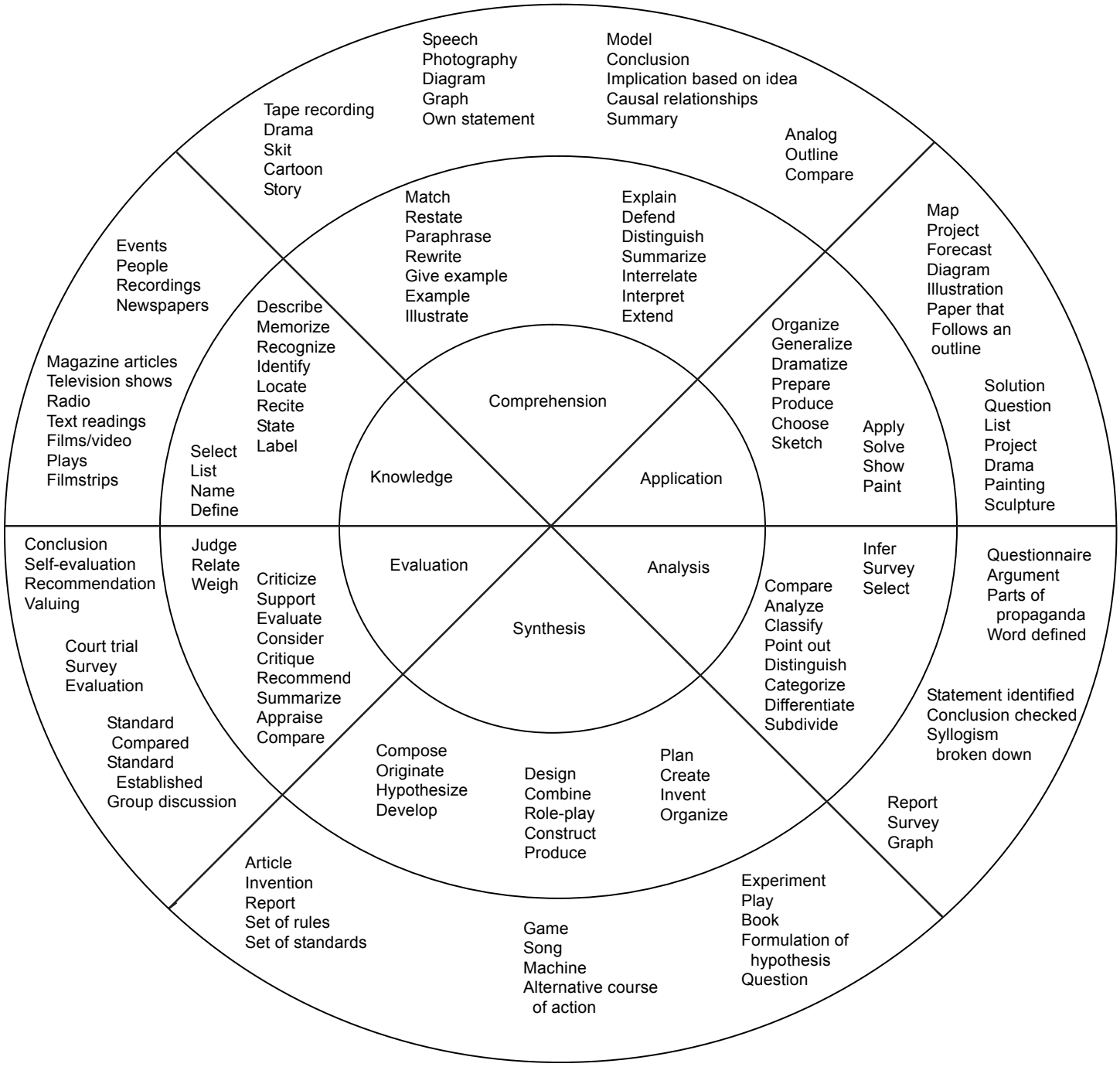
Analysis	
Useful Verbs	**Sample Question Stems**
Analyze Distinguish	Which events could have happened...? How was this similar to...?

Examine	What was the underlying problem with...?
Compare	What do you see as other possible outcomes?
Contrast	Why did ... changes occur?
Investigate	Can you compare your ... with that presented in...?
Categorize	Can you explain what must have happened when...?
Identify	What are some of the problems of...?
Explain	Can you distinguish between...?
Separate	What was the problem with...?

Synthesis	
Useful Verbs	**Sample Question Stems**
Create	Can you design a ... to ...?
Invent	Can you see a possible solution to...?
Compose	If you had access to all resources how would you deal with...?
Predict	What would happen if...?
Plan	How many ways can you...?
Construct	Can you create new and unusual uses for...?
Design	Can you develop a proposal which would...?
Propose	
Devise	
Formulate	

Evaluation	
Useful Verbs	**Sample Question Stems**
Judge	Is there a better solution to... ?
Select	Judge the value of... ?
Choose	Can you defend your position about...?
Decide	Do you think ... is a good or a bad thing?
Justify	How would you have handled...?
Debate	What changes to ... would you recommend?
Verify	Do you believe….?
Argue	How effective are...?
Recommend	What do you think about...?
Assess	
Discuss	
Rate	
Prioritize	
Determine	

Bloom's Verbs
And Matching Assessment Types



Source: The Tenth Annual Curriculum Mapping Institute: Snowbird Utah, July15-18, 2004
Adapted from Benjamin Bloom

Watch Out for Verbs that are not Measurable

In order for an objective to give maximum structure to instruction, it should be free of vague or ambiguous words or phrases. The following lists notoriously ambiguous words or phrases which should be avoided so that the intended outcome is concise and explicit.

WORDS TO AVOID	PHRASES TO AVOID
• *Believe* • *Hear* • *Realize* • *Capacity* • *Intelligence* • *Recognize* • *Comprehend* • *Know* • *See* • *Conceptualize* • *Listen* • *Self-Actualize* • *Memorize* • *Think* • *Experience* • *Perceive* • *Understand* • *Feel*	**Evidence a (n): To Become: To Reduce:** • *Appreciation for* • *Acquainted with* • *Adjusted to* • *Awareness of* • *Capable of* • *Comprehension of .* • *Cognizant of* • *Enjoyment of* • *Conscious of* • *Familiar with* • *Interest in* • *Interested in .* • *Knowledge of* • *Knowledgeable about .* • *Understanding of*

Accreditation Council™
for Continuing Medical Education

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Standards for Integrity and Independence in Accredited Continuing Education

Released December 2020

401 N. Michigan Ave., Suite 1850 | Chicago, IL 60611 | Phone: 312-527-9200 | www.accme.org

Accrediting Bodies That Have Adopted the Standards

The Standards for Integrity and Independence in Accredited Continuing Education reflect the values of the continuing education community and have been adopted by nine accrediting bodies representing multiple health professions. Independence from industry is the cornerstone of accredited continuing education. By achieving consensus on the Standards, these accrediting bodies in the health professions stand together, not only to continue to assure the delivery of high-quality learning experiences, but also to sustain the protection from industry bias and marketing that accreditation rules deliver. We invite additional accrediting bodies and regulators to consider adopting or endorsing the Standards. Please contact us at info@accme.org for more information.

- Accreditation Council for Continuing Medical Education (ACCME)
- American Nurses Credentialing Center (ANCC)
- Accreditation Council for Pharmacy Education (ACPE)
- American Osteopathic Association
- American Academy of Family Physicians (AAFP)
- Association of Regulatory Boards of Optometry Council on Optometric Practitioner Education (ARBO/COPE)
- American Academy of Physician Associates (AAPA)
- Joint Accreditation for Interprofessional Continuing Education™
- American Dental Association Continuing Education Recognition Program (ADA CERP)

Suggested Citation: Accreditation Council for Continuing Medical Education. Standards for Integrity and Independence in Accredited Continuing Education. Published 2020.

Accreditation Council for Continuing Medical Education
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Standards for Integrity and Independence in Accredited Continuing Education

The health professions are not only defined by expertise, but also by a dedication to put service of others above self-interest. When individuals enter the healthcare professions, they commit to upholding professional and ethical standards including acting in a patient's best interests, protecting the patient from harm, respecting the patient, fostering informed choices, and promoting equity in healthcare.

While the interests of healthcare and business sometimes diverge, both are legitimate, and collaboration between healthcare professionals and industry can advance patient care. Since healthcare professionals serve as the legally mandated gatekeepers of medications and devices, and trusted authorities when advising patients, they must protect their learning environment from industry influence to ensure they remain true to their ethical commitments.

As the stewards of the learning environment for healthcare professionals, the accredited continuing education community plays a critical role in navigating the complex interface between industry and the health professions. Organizations accredited to provide continuing education, known as accredited providers, are responsible for ensuring that healthcare professionals have access to learning and skill development activities that are trustworthy and are based on best practices and high-quality evidence. These activities must serve the needs of patients and not the interests of industry.

This independence is the cornerstone of accredited continuing education. Accredited continuing education must provide healthcare professionals, as individuals and teams, with a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.

The Accreditation Council for Continuing Medical Education (ACCME®) acts as the steward of the Standards for Integrity and Independence in Accredited Continuing Education, which have been drafted to be applicable to accredited continuing education across the health professions. The Standards are designed to:

- Ensure that accredited continuing education serves the needs of patients and the public.
- Present learners with only accurate, balanced, scientifically justified recommendations.
- Assure healthcare professionals and teams that they can trust accredited continuing education to help them deliver safe, effective, cost-effective, compassionate care that is based on best practice and evidence.
- Create a clear, unbridgeable separation between accredited continuing education and marketing and sales.

Terms used for the first time are written in ***blue italics***, followed by the definition for the term.

Eligibility

The ACCME is committed to ensuring that accredited continuing education (1) presents learners with only accurate, balanced, scientifically justified recommendations, and (2) protects learners from promotion, marketing, and commercial bias. To that end, the ACCME has established the following guidance on the types of organizations that may be eligible to be accredited in the ACCME System. The ACCME, in its sole discretion, determines which organizations are awarded ACCME accreditation.

Types of Organizations That May Be Accredited in the ACCME System

Organizations eligible to be accredited in the ACCME System (***eligible organizations***) are those whose mission and function are: (1) providing clinical services directly to patients; or (2) the education of healthcare professionals; or (3) serving as fiduciary to patients, the public, or population health; and other organizations that are not otherwise ineligible. Examples of such organizations include:

- Ambulatory procedure centers
- Blood banks
- Diagnostic labs that do not sell proprietary products
- Electronic health records companies
- Government or military agencies
- Group medical practices
- Health law firms
- Health profession membership organizations
- Hospitals or healthcare delivery systems
- Infusion centers
- Insurance or managed care companies
- Nursing homes
- Pharmacies that do not manufacture proprietary compounds
- Publishing or education companies
- Rehabilitation centers
- Schools of medicine or health science universities
- Software or game developers

Types of Organizations That *Cannot* Be Accredited in the ACCME System

Companies that are ineligible to be accredited in the ACCME System (***ineligible companies***) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of such organizations include:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

Owners and Employees of Ineligible Companies

The ***owners*** and ***employees*** of ineligible companies are considered to have unresolvable financial relationships and must be excluded from participating as planners or faculty, and must not be allowed to influence or control any aspect of the planning, delivery, or evaluation of accredited continuing education, except in the limited circumstances outlined in Standard 3.2.

Owners and employees are individuals who have a legal duty to act in the company's best interests. Owners are defined as individuals who have an ownership interest in a company, except for stockholders of publicly traded companies, or holders of shares through a pension or mutual fund. Employees are defined as individuals hired to work for another person or business (the employer) for compensation and who are subject to the employer's direction as to the details of how to perform the job.

Ineligible companies are prohibited from engaging in ***joint providership*** with accredited providers. Joint providership enables accredited providers to work with nonaccredited eligible organizations to deliver accredited education.

The ACCME determines eligibility for accreditation based on the characteristics of the organization seeking accreditation and, if applicable, any parent company. Subsidiaries of an ineligible parent company cannot be accredited regardless of steps taken to firewall the subsidiaries. If an eligible parent company has an ineligible subsidiary, the owners and employees of the ineligible subsidiary must be excluded from accredited continuing education except in the limited circumstances outlined in Standard 3.2.

Standard 1: Ensure Content is Valid

Standard 1 applies to all accredited continuing education.

Accredited providers are responsible for ensuring that their education is fair and balanced and that any clinical content presented supports safe, effective patient care.

1. All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
2. All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
3. Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
4. Organizations cannot be accredited if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

Standard 2: Prevent Commercial Bias and Marketing in Accredited Continuing Education

Standard 2 applies to all accredited continuing education.

Accredited continuing education must protect learners from commercial bias and marketing.

1. The accredited provider must ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company.
2. Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
3. The accredited provider must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.

Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships

Standard 3 applies to all accredited continuing education.

Many healthcare professionals have financial relationships with ineligible companies. These relationships must not be allowed to influence accredited continuing education. The accredited provider is responsible for identifying ***relevant financial relationships*** between individuals in control of educational content and ineligible companies and managing these to ensure they do not introduce commercial bias into the education. Financial relationships of any dollar amount are defined as relevant if the educational content is related to the business lines or products of the ineligible company.

Accredited providers must take the following steps when developing accredited continuing education. Exceptions are listed at the end of Standard 3.

1. **Collect information**: Collect information from all planners, faculty, and others in control of educational content about **all** their financial relationships with ineligible companies within the prior **24** months. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education.

   Disclosure information must include:
   a. The name of the ineligible company with which the person has a financial relationship.
   b. The nature of the financial relationship. Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.
2. **Exclude owners or employees of ineligible companies**: Review the information about financial relationships to identify individuals who are owners or employees of ineligible companies. These individuals must be excluded from controlling content or participating as planners or faculty in accredited education. There are three exceptions to this exclusion—employees of ineligible companies can participate as planners or faculty in these specific situations:
   a. When the content of the activity is not related to the business lines or products of their employer/company.
   b. When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
   c. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.
3. **Identify relevant financial relationships**: Review the information about financial relationships to determine which relationships are relevant. Financial relationships are relevant if the educational content an individual can control is related to the business lines or products of the ineligible company.
4. **Mitigate relevant financial relationships**: Take steps to prevent all those with relevant financial relationships from inserting commercial bias into content.
   a. Mitigate relationships prior to the individuals assuming their roles. Take steps appropriate to the role of the individual. For example, steps for planners will likely be different than for faculty and would occur before planning begins.
   b. Document the steps taken to mitigate relevant financial relationships.

5. **Disclose all relevant financial relationships to learners**: Disclosure to learners must include each of the following:
   a. The names of the individuals with relevant financial relationships.
   b. The names of the ineligible companies with which they have relationships.
   c. The nature of the relationships.
   d. A statement that all relevant financial relationships have been mitigated.

   Identify ineligible companies by their name only. Disclosure to learners must not include ineligible companies' corporate or product logos, trade names, or product group messages.

   Disclose absence of relevant financial relationships. Inform learners about planners, faculty, and others in control of content (either individually or as a group) with no relevant financial relationships with ineligible companies.

   Learners must receive disclosure information, in a format that can be verified at the time of accreditation, before engaging with the accredited education.

Exceptions: Accredited providers do **not** need to identify, mitigate, or disclose relevant financial relationships for any of the following activities:

1. Accredited education that is non-clinical, such as leadership or communication skills training.
2. Accredited education where the learner group is in control of content, such as a spontaneous case conversation among peers.
3. Accredited self-directed education where the learner controls their educational goals and reports on changes that resulted, such as learning from teaching, remediation, or a personal development plan. When accredited providers serve as a source of information for the self-directed learner, they should direct learners only to resources and methods for learning that are not controlled by ineligible companies.

Standard 4: Manage Commercial Support Appropriately

Standard 4 applies only to accredited continuing education that receives financial or in-kind support from ineligible companies.

Accredited providers that choose to accept ***commercial support*** (defined as financial or in-kind support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education. The support does not establish a financial relationship between the ineligible company and planners, faculty, and others in control of content of the education.

1. **Decision-making and disbursement:** The accredited provider must make all decisions regarding the receipt and disbursement of the commercial support.
   a. Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
   b. The accredited provider may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
   c. The accredited provider must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.
   d. The accredited provider may use commercial support to defray or eliminate the cost of the education for *all* learners.

2. **Agreement:** The terms, conditions, and purposes of the commercial support must be documented in an agreement between the ineligible company and the accredited provider. The agreement must be executed prior to the start of the accredited education. An accredited provider can sign onto an existing agreement between an accredited provider and a commercial supporter by indicating its acceptance of the terms, conditions, and amount of commercial support it will receive.
3. **Accountability**: The accredited provider must keep a record of the amount or kind of commercial support received and how it was used, and must produce that accounting, upon request, by the accrediting body or by the ineligible company that provided the commercial support.
4. **Disclosure to learners:** The accredited provider must disclose to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education. Disclosure must not include the ineligible companies' corporate or product logos, trade names, or product group messages.

Standard 5: Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education

Standard 5 applies only when there is marketing by ineligible companies or nonaccredited education associated with the accredited continuing education.

Accredited providers are responsible for ensuring that education is separate from marketing by ineligible companies—including advertising, sales, exhibits, and promotion—and from nonaccredited education offered in conjunction with accredited continuing education.

1. Arrangements to allow ineligible companies to market or exhibit in association with accredited education must not:
   a. Influence any decisions related to the planning, delivery, and evaluation of the education.
   b. Interfere with the presentation of the education.
   c. Be a condition of the provision of financial or in-kind support from ineligible companies for the education.
2. The accredited provider must ensure that learners can easily distinguish between accredited education and other activities.
   a. Live continuing education activities: Marketing, exhibits, and nonaccredited education developed by or with influence from an ineligible company or with planners or faculty with unmitigated financial relationships must not occur in the educational space within 30 minutes before or after an accredited education activity. Activities that are part of the event but are not accredited for continuing education must be clearly labeled and communicated as such.
   b. Print, online, or digital continuing education activities: Learners must not be presented with marketing while engaged in the accredited education activity. Learners must be able to engage with the accredited education without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisement.
   c. Educational materials that are part of accredited education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.
   d. Information distributed about accredited education that does not include educational content, such as schedules and logistical information, may include marketing by or for an ineligible company.
3. Ineligible companies may not provide access to, or distribute, accredited education to learners.

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About the Rule

The Standard 5

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USE OF AI IN ACCREDITED CONTINUING EDUCATION ACTIVITIES

Terms to Know

- **AI-Assisted Content:** Educational content created or adapted with AI tools in partnership with human authors, where AI influenced structure, wording, or analysis.
- **AI-Generated Content:** Educational content that was primarily produced by AI, with minimal human input prior to initial generation.
- **AI Hallucinations**: A response produced by an artificial intelligence program or tool that appears to be accurate or plausible but that contains inaccurate or misleading information.

Transparently Disclose AI Use

When AI is used in the creation or development of educational content, educators and accredited CE providers should disclose its use. This is especially true when the tools are used to generate, modify, or analyze educational materials. The disclosure of AI use in educational content creation aligns with the principles of informed engagement and the *Standards for Integrity and Independence in Accredited Continuing Education*, which help uphold learner trust in accredited continuing education. Routine spelling or grammar tools do not require disclosure.

VCU Health Continuing Education requires faculty to disclose to learners when content was created or edited with AI assistance, including slides, written materials, or assessments.

Include the following at the start of presentations created with AI:

- Disclose the name, version, and date of use of the AI tool.
- Identify if the educational content contains AI-Assisted content or AI-Generated content.
- Describe the purpose for which AI was used, such as drafting, data analysis, or assessment creation.
- Confirm that outputs were verified by a human reviewer.

For AI-generated materials that are fixed, meaning they are created once and then distributed (e.g., slides, handouts, assessments), VCU Health Continuing Education requires that these AI generated outputs are:

- Reviewed and approved by named, qualified individuals before dissemination to learners.
    - Identified, experienced clinicians should have oversight and confirm that recommendations and outputs are accurate, scientifically valid, unbiased, and reliable.
- Checked for factual errors or "AI hallucinations."
- Screened for bias or stereotyping in clinical or demographic representations.
- Accompanied by version control and traceability, indicating who reviewed what, and when.

Reference:
ACCME. (2026). *Urgent alert on the use of AI in accredited CE*. **https://accme.org/news/urgent-alert-on-the-use-of-ai-in-accredited-ce/**

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