

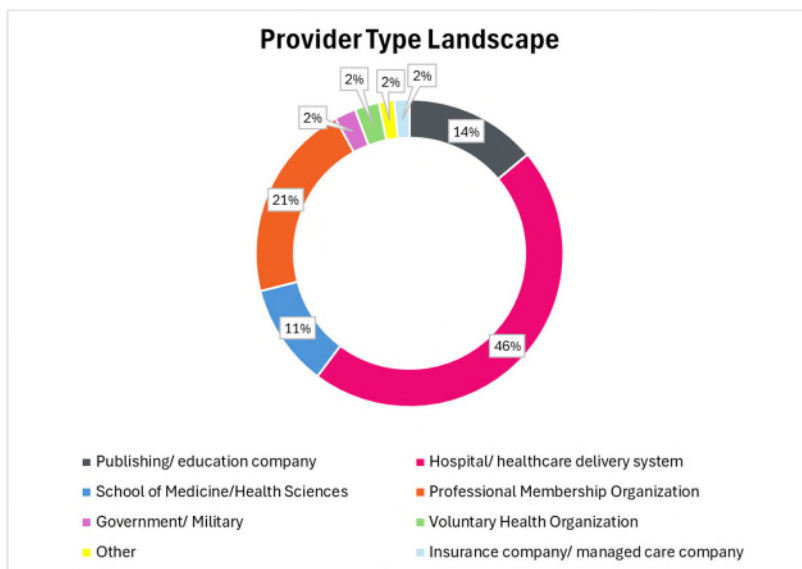
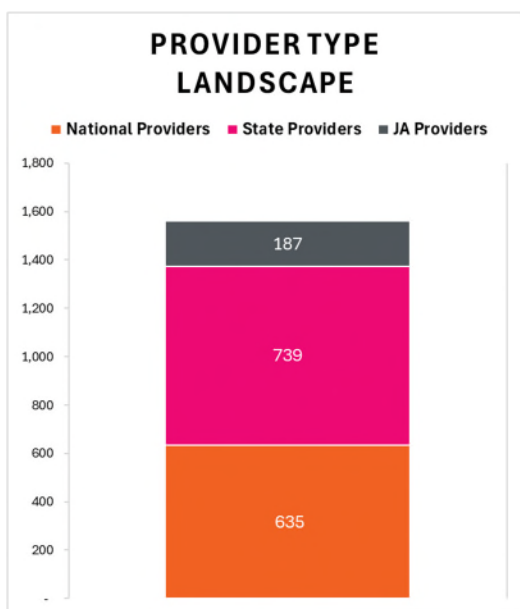
Strategic Highlights & Trends: 2024 ACCME Annual Report Data

Overview

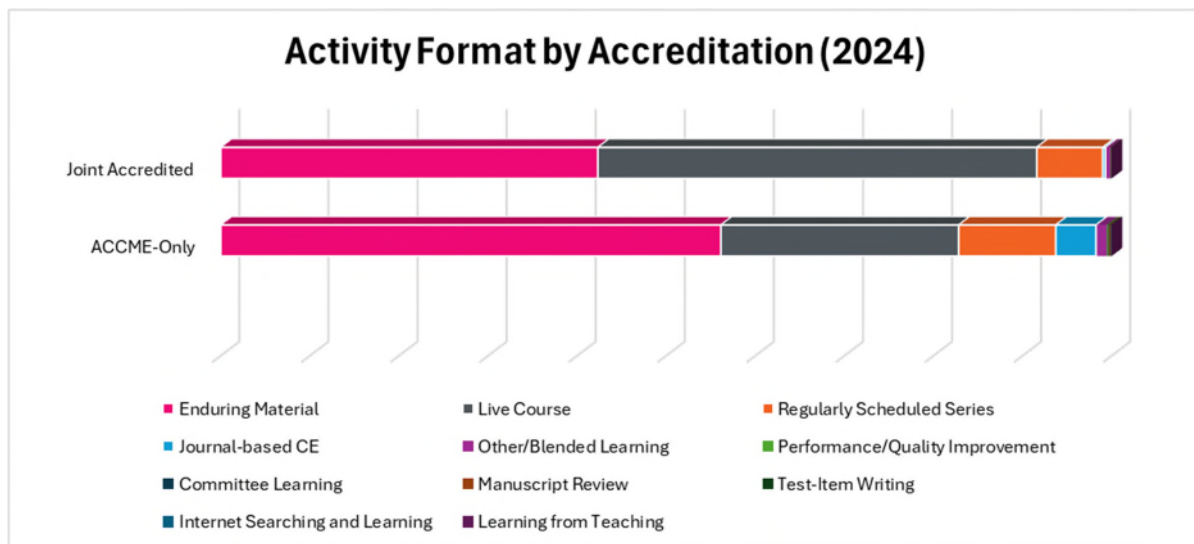
The 2024 ACCME report showcases a dynamic and evolving CME/CE landscape. With **1,561 accredited providers** and **250,325 activities**, annual report data supports that the enterprise is robust and increasingly diversified in content delivery, funding, and learner reach. Despite a slight contraction in the number of providers, **total income reached \$3.66 billion**, the highest on record.

Provider Type Landscape

Breakdown of Total Providers (2024):

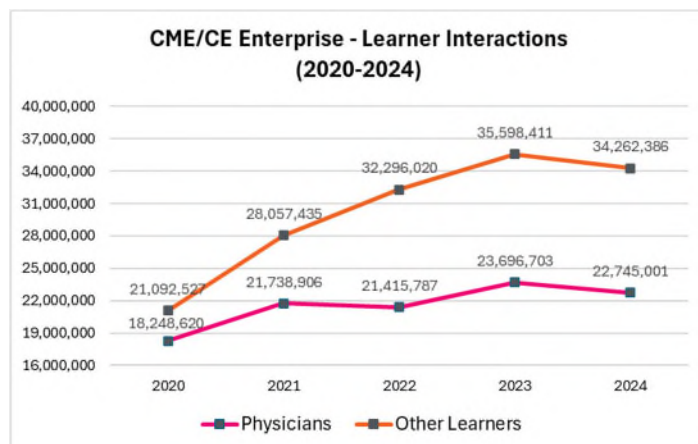
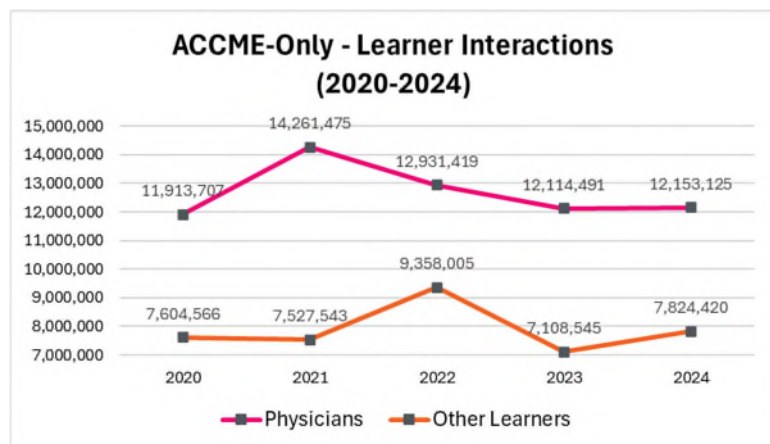


Hospital/healthcare systems continue to comprise the largest portion of the CME/CE landscape by number (**46%**), while publishing/education companies produce the largest number of accredited activities (**64,750**), and report the greatest amount of income received across commercial support and registration fees.



CME/CE Enterprise Growth: Interactions

The graphical illustrations below detail learner interactions across ACCME-only accredited providers, as well as all accredited providers from 2020 to 2024. As an increasing number of organizations have transitioned to Joint Accreditation, subsequent increases in activities and total learner interactions from Joint Accredited providers are noted.



Activity Format Evolution

2024 Breakdown by Format (% of Total Activities):

- Enduring Materials: **45.4%**
- Live Courses: **40.4%**
- Regularly Scheduled Series (RSS): **11.1%**
- All Other Formats Combined: **3.1%**

Programmatic Insight: Enduring materials and live courses are the backbone of the CME/CE enterprise, while not surprisingly, RSS comprises a significant amount of education in hospital settings. RSS numbers underscore its utility for practice-integrated, team-based education.

Format Preferences by Learner Type

Physicians

- Top 3 Formats (by interactions):
 - Enduring Material: **11.1M**
 - RSS: **5.5M**
 - Internet Searching & Learning: **2.6M**

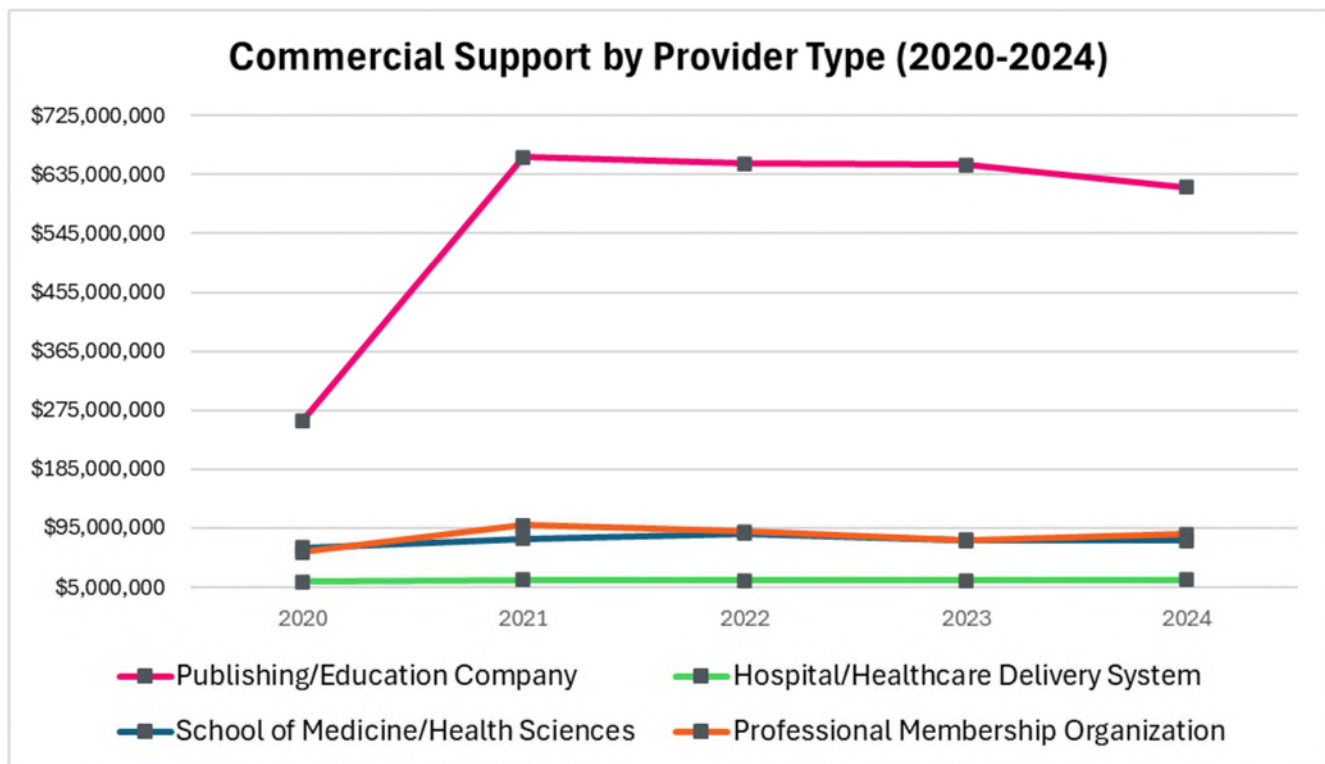
Other Learners

- Top 3 Formats (by interactions):
 - Enduring Material: **25.4M**
 - Live Course: **3.5M**
 - RSS: **3.4M**

Programmatic Insight: While many physicians appear to prioritize longitudinal and integrated formats like RSS for practice-based learning, other healthcare professionals appear to rely on foundational formats that offer speed, accessibility, and alignment with approved formats by their credentialing boards. This underscores distinct motivations within interprofessional education.

Commercial Support by Provider Type

Commercial support remains concentrated among specific provider types, with publishing and education companies continuing to command the largest share of these funds. The graph below illustrates their sustained dominance in securing commercial support dollars to design and implement accredited CME/CE.



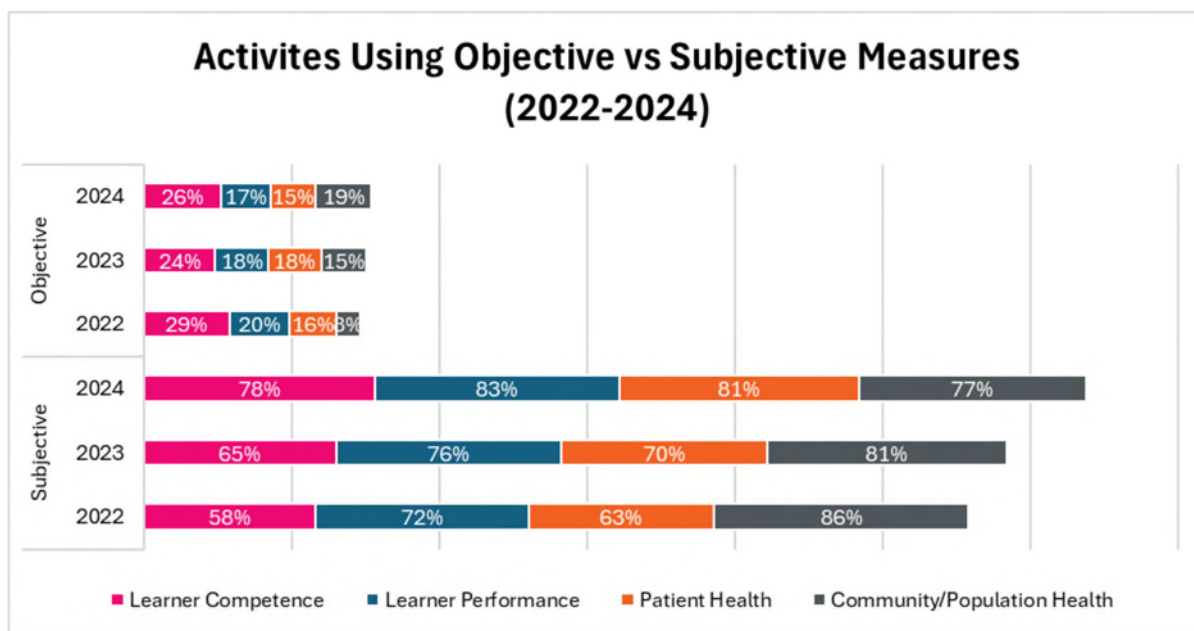
Approximately 7% of CME/CE activities receive commercial support, leaving 93% of activities funded by alternative sources, including internal funding allocation.

- Commercially supported activities drive higher physician engagement (22%) as compared to other learners (15%).

Programmatic Insight: While it's no surprise that commercially supported CME/CE activities engage physicians at a higher percent, accounting for 22% of physician interactions, this reflects a well-established pattern: physicians are the primary commercial target due to their prescribing authority and role in treatment decisions. Effectively, commercially supported CME/CE continues to be an operative mechanism for driving high-volume, physician engagement.

Outcomes Data Trends (2022-2024)

The graphics below illustrate the distribution and methodology of outcomes measurement across accredited activities. The vast majority of accredited activities aim to assess competence (95%), nearly half evaluate performance (46%), and a growing subset track patient health outcomes (18%).



Notably, most of these measures remain subjective (self-reported). However, the shift toward higher-level outcomes aligns with a growing interest in demonstrating clinical impact.

Activities Using Subjective Measures - 2024



Activities Using Objective Measures - 2024



Beyond the Data

CME/CE and Preventable Medical Errors: The Case for Action

Despite clear growth in activity numbers and outcome-based education design, the national burden of preventable medical errors remains high. Current estimates provided by the National Institutes of Health and the Agency for Healthcare Research and Quality suggest approximately 400,000 hospitalized patients experience some preventable harm each year with over 200,000 of these incidents resulting in preventable death, annually, due to medical errors - a figure that positions this issue among the leading causes of death in the U.S. ^{1, 2, 3}

Despite this alarming statistic and an attempt to design accredited CME/CE to address physician competencies set forth by the National academy of Medicine (formerly known as the Institute of Medicine) and other organizations, there is no direct correlation between the growth in accredited CME/CE and a measurable, national decline in preventable, medical error rates. While accredited CME/CE activities increasingly assess competence (95%), performance (46%), and even patient health outcomes (18%), the issue of preventable medical errors is extremely complex, but worth remaining focused on.

Strategic Opportunity: No single tactic is sufficient to reverse medical error trends, yet an opportunity seems available for the CME/CE community to align more directly with patient safety initiatives, when positioned to do so. Future measurement strategies could explore longitudinal tracking of educational interventions in conjunction with system-level quality improvement to evaluate measurable impact on preventable, medical harm.

¹ Tariq, R. A., Vashisht, R., Sinha, A., & Scherbak, Y. (2023). Medical error prevention and reduction. In StatPearls. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK499956/>.

² Shojania, K. G. (2016, July). Measuring and responding to deaths from medical errors. AHRQ Patient Safety Network (PSNet). <https://psnet.ahrq.gov/perspective/measuring-and-responding-deaths-medical-errors>.

³ Rodziewicz, T. L., Houseman, B., Vaqar, S., & Hipskind, J. E. (2024). Medical error reduction and prevention. In StatPearls. StatPearls Publishing. <https://pubmed.ncbi.nlm.nih.gov/29763131/>.

International Focus

There is a growing international interest in ACCME accreditation that seems aligned with the increasing globalization of healthcare and the need for consistent, high-quality professional development for clinicians worldwide.

The *2024 ACCME Annual Report* affirms the expanding geographic footprint of accredited CME/CE. With organizations located in all 50 U.S. states, four territories and 15 foreign countries. This expanding geographic base enables providers to address clinical priorities (e.g., regional public health, endemic disease, or practice variations) within a consistent, outcomes-based structure. Whether delivered in New York, Nairobi, or New Delhi, accredited CME/CE, increasingly, is shaped by common principles of independence, documented gaps and needs, and measurable outcomes.