Strategic Highlights & Trends: 2025 ACCME Annual Report Data

Overview

The 2025 ACCME Data Report, *Sustaining Trust and Expanding Reach*, confirms an accredited CME/CE enterprise that is contracting modestly in provider count while continuing to grow in financial scale and interprofessional reach. The system reported **1,518 accredited providers** (down from **1,561** in 2024), **242,511 activities** (down from **250,325**), and **more than 1.37 million *AMA PRA Category 1 Credits*™** offered. Total learner interactions held essentially flat at **57.5 million**, and total reported income reached an all-time high of **$3.85 billion** (up **5.3%** from **$3.66** billion).

Accreditation Decision Outcomes (New for 2025)

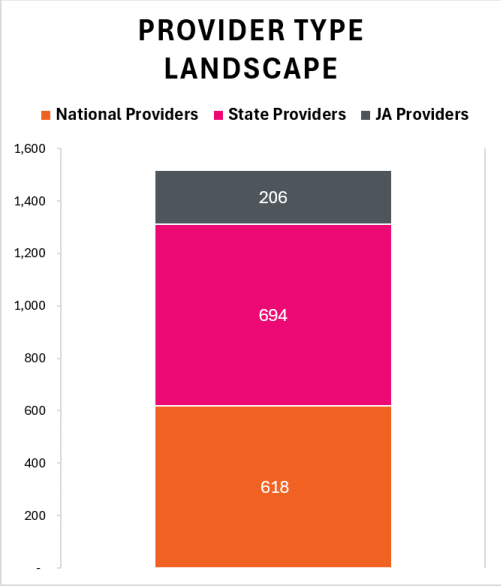
The 2025 report opens with decision data that prior reports did not address. Across the full ACCME System, accreditation decisions were rendered for **388 providers**: **150 by the ACCME, 168 by State Accreditors, and 70 through Joint Accreditation**. Of the **150** ACCME decisions, **12%** earned *Accreditation with Commendation*, **75%** achieved Accreditation (**29%** of those carrying a progress report), and approximately **1%** resulted in probation or loss of accreditation. New applicants represented **13%** of decisions, with **79%** achieving provisional accreditation.

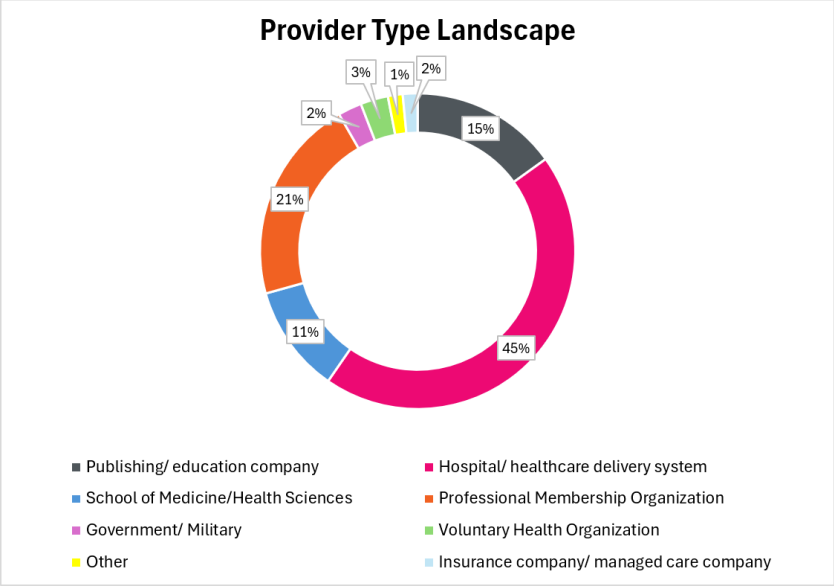
Accreditor	2025 Decisions
ACCME	150
State Accreditors	168
Joint Accreditation	70
Total	**388**

System-wide, roughly **one-third** of accredited providers now hold commendation status, and more than **80%** of providers who were required to submit a progress report or address probationary findings successfully returned to full compliance.

Provider Type Landscape

Breakdown of Total Providers (2025):



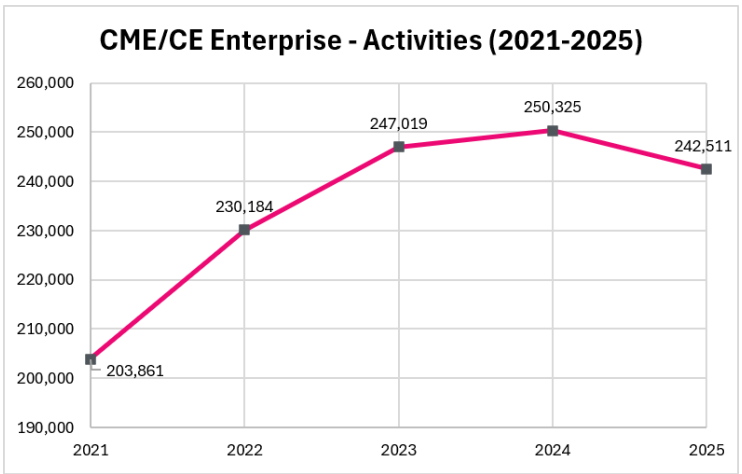


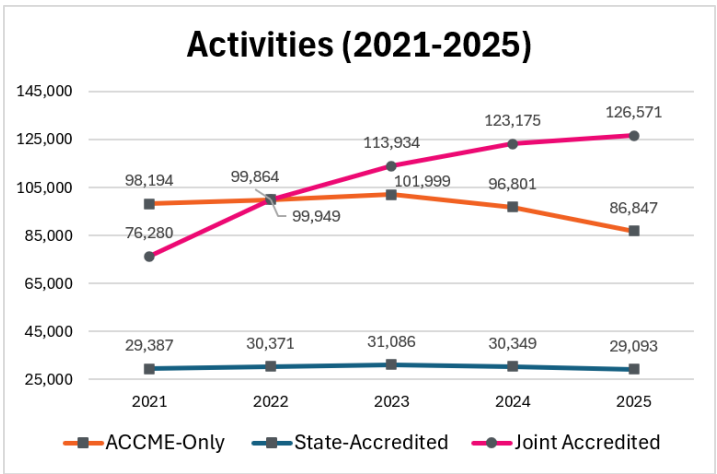
Hospital/healthcare systems continue to comprise the largest portion of the CME/CE landscape by number (**45%**). Specific to accreditation-type, Joint Accredited providers are **14%** of providers but generate the majority of activities (**52%**) and learner interactions (**61%**). ACCME national providers hold a larger total of physician engagement and funding. The number of Joint Accreditation providers in 2025 grew from **187 to 206 providers** (**+10.2%**). This is the clearest signal of structural evolution in the enterprise: interprofessional, team-based education is no longer a complement to physician CME.

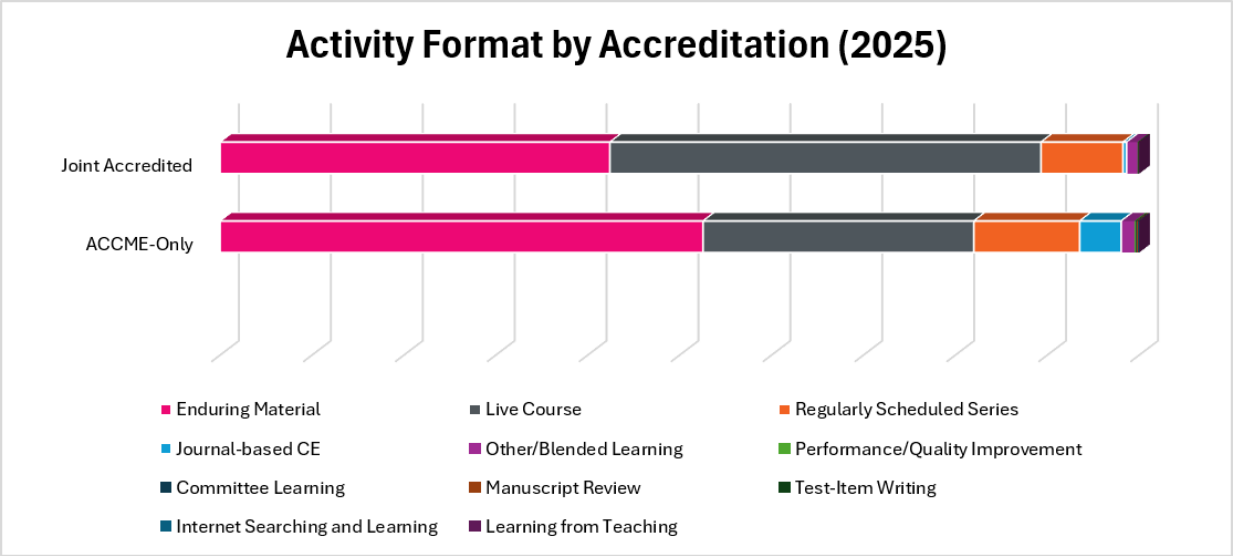
Summary of Key Data (2021–2025)

CME/CE Enterprise Growth: Activities

The graphs below illustrate total activities across all accredited providers from 2021 to 2025 (5-year trend).

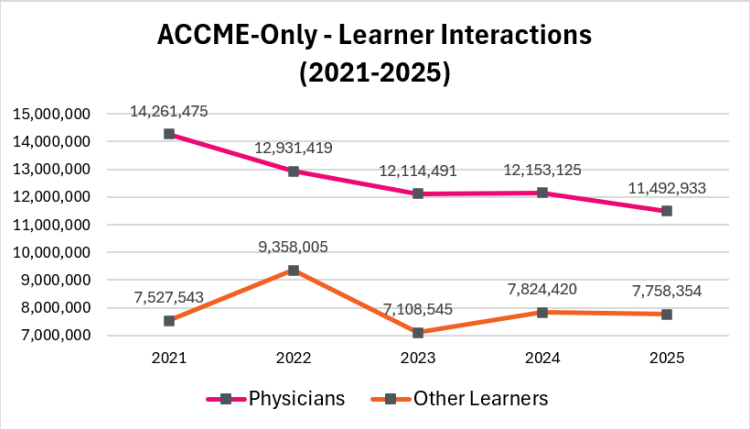


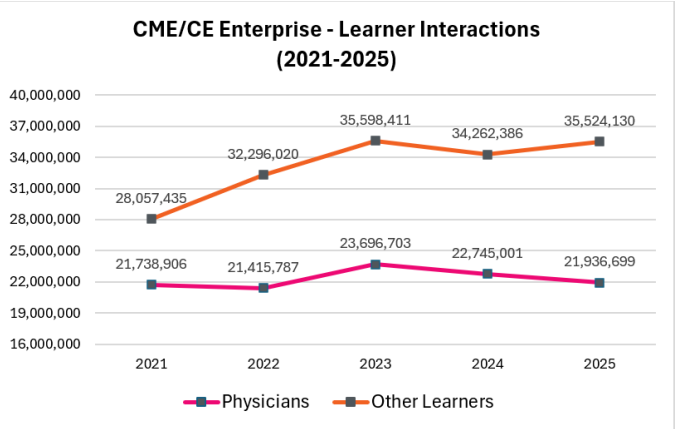




CME/CE Enterprise Growth: Interactions

The graphical illustrations below detail learner interactions across national accredited providers, as well as all accredited providers from 2021 to 2025 (5-year trend). Total learner interactions edged up from **57.0** million in 2024 to **57.5** million in 2025. Beneath that flat top line, the composition continued to shift: **physician interactions declined 3.5%** (**22.7M → 21.9M**) while other learner interactions rose **3.5%** (**34.3M → 35.5M**).





Activity Format Evolution

Enduring materials are **44%** of activities but **65%** of interactions, while live courses are **41%** of activities yet *only* **10%** of interactions. Most striking, Internet Searching & Learning stands as less than **1%** of activities (**just 62**) yet generated **3.66M** interactions (**6%**), the highest reach-per-activity ratio in the system. RSS remains the engine of practice-

integrated, team-based learning in hospital and academic settings (**12% of activities, 15% of interactions**).

Format Preferences by Learner Type

Physicians

- Top 3 Formats (by interactions):
  - Enduring Material: **11.1M**
  - RSS: **5.2M**
  - Internet Searching & Learning: **2.2M**

Other Learners

- Top 3 Formats (by interactions):
  - Enduring Material: **26.5M**
  - Live Course: **3.9M**
  - RSS: **3.3M**

Programmatic Insight: Physicians continue to lean on longitudinal, practice-connected formats (RSS) alongside flexible enduring materials, while other healthcare professionals concentrate heavily on enduring materials that offer efficiency and accessibility.

Revenue Mix & the Advertising/Exhibits Crossover

The 2025 report illustrates that a notable crossover in revenue occurred. For the first time, **advertising and exhibits income** (**$847.2M) slightly exceeded commercial support** (**$841.9M**). Income from advertising and exhibits was also the fastest-growing revenue stream in the system, up **16.9%**, while commercial support grew **3.3%**, as compared to 2024.

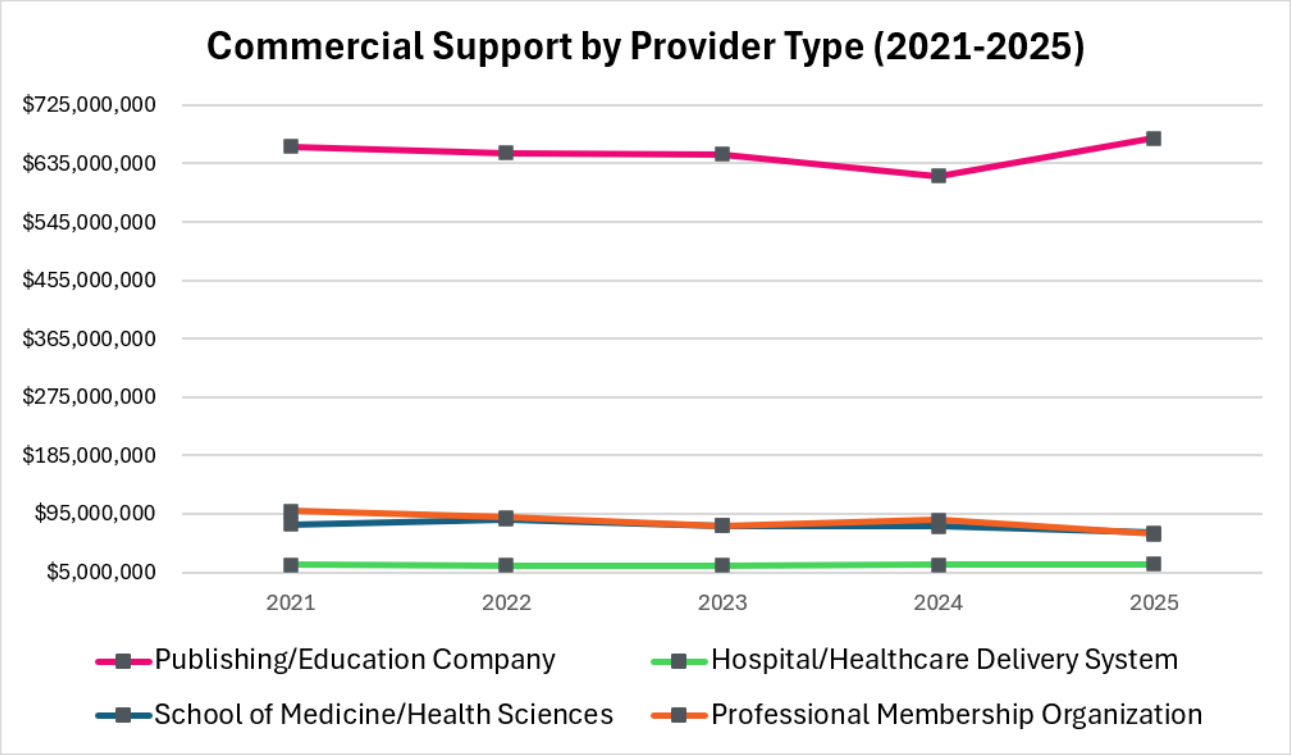
Revenue source	2025	% of total	2024	% Change
Registration fees	$2,076.9M	54%	$2,018.7M	+2.9%
Advertising & exhibits	$847.2M	22%	$724.6M	+16.9%
Commercial support	$841.9M	22%	$815.1M	+3.3%
Government grants	$56.8M	1%	$63.4M	−10.5%
Private donations	$30.4M	1%	$36.1M	−15.7%
Total	**$3,853.2M**	**100%**	**$3,657.9M**	**+5.3%**

Commercial Support by Provider Type

The activity-level picture related to commercial funds held steady: commercial support funded **17,638** activities **(7.3%** of all activities**)**, yet those activities accounted for **23%** of

physician interactions and **14%** of other learner interactions ,underscoring that commercially supported activities reach disproportionately large audiences.

- **450** providers (**~30%**) reported receiving any commercial support.
- **685** providers (**45%**) reported any advertising/exhibits income , but the **median provider reported $0**, confirming both streams are concentrated among a subset of accredited organizations.
- Publishing/education companies continue to command the largest share of commercial-support dollars.

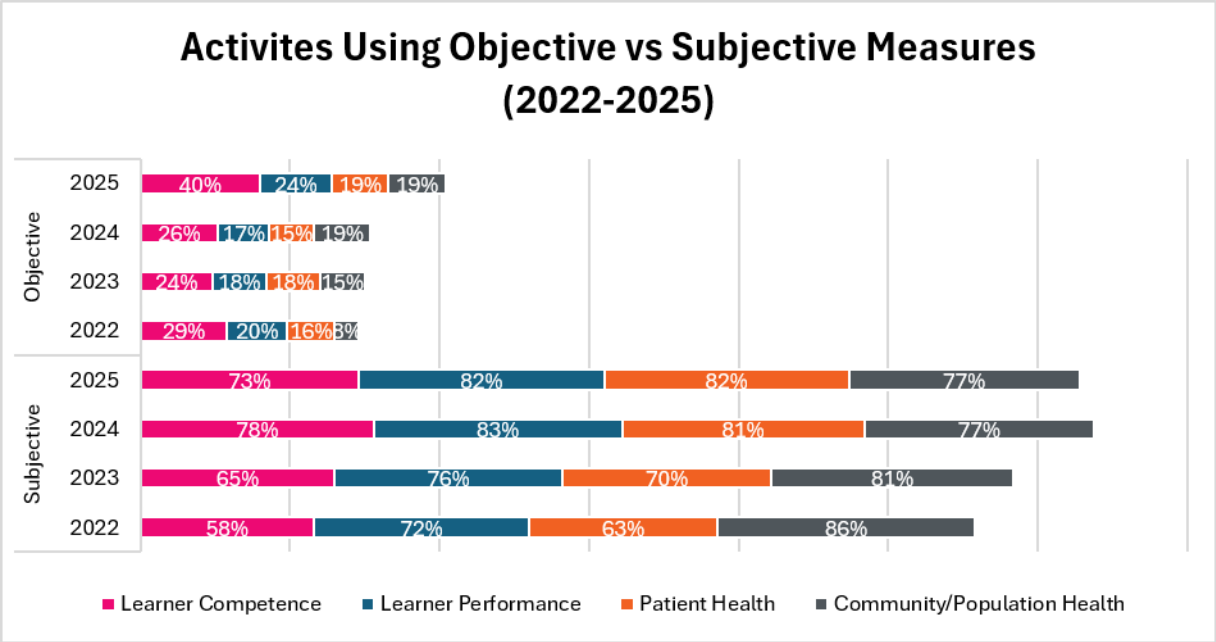


Programmatic Insight: Commercially supported CME/CE remains an operative mechanism for high-volume physician engagement – physicians are the primary commercial target given their prescribing authority and role in treatment decisions. This pattern has been consistent year over year, but the new provider-level data highlight just how concentrated the funding is: a minority of medical education companies and publishers carry the bulk of both commercial support and advertising/exhibits revenue.

Outcomes Data Trends (2021-2025)

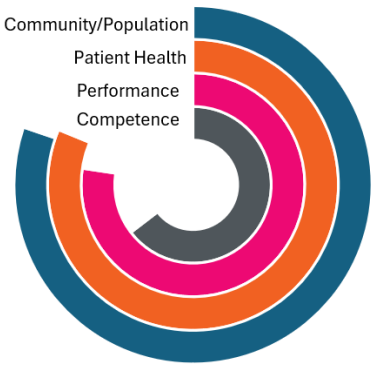
The graphics below illustrate the distribution and methodology of outcomes measurement across accredited activities. The vast majority of accredited activities aim to assess competence (**95%**), which is a minimum compliance requirement. Nearly half of programs

evaluate performance (**46%**), and a growing subset of programs track patient health outcomes (**18%**).



Subjective (self-reported) measurement is heavily relied upon at every outcome level **(77–83%).** Opportunity remains for programs to employ objective measurement strategies above the competence level in order to, more credibly, demonstrate changes in clinician performance, patient outcomes, and the broader impact of accredited education.

Activities Using Subjective Measures - 2025



Activities Using Objective Measures - 2025

Beyond the Data

CME/CE and AI-Enabled Point-of-Care Learning: The Case for Readiness

The 2025 ACCME Data Report marks the first time ACCME has explicitly referenced artificial intelligence in its official "Looking Ahead" discussion, indicating that emerging AI-enabled clinical information systems are likely to further accelerate demand for adaptive, point-of-care learning models. The data already supports the premise that Internet Searching & Learning is likely to continue to scale with respect to learning interactions. Currently, point-of-care education is the activity format that comes closest to delivering truly embedded, just-in-time clinical learning. Although it accounted for just 62 activities in 2025 (less than 1% of the total), it generated 3.66 million learner interactions (6% of the total) – the highest learner reach, per activity, of any accredited education format. While the small number of activities warrants caution in interpretation, this extreme reach suggests strong clinical demand for education that is delivered within, rather than alongside, the clinical workflow.

To date, the CME/CE enterprise is not positioned to meet this demand, entirely, at scale. Accredited point-of-care learning requires the same independence, needs-based design, and outcomes measurement that govern any accredited activity, but it must deliver those standards inside systems increasingly shaped by proprietary AI algorithms, large language models, and clinical decision-support tools that simply did not publicly exist when the current *Standards for Integrity and Independence* were written. The governance gap is real: fewer than a handful of accredited providers have published AI-use policies that address how AI-generated or AI-curated content is reviewed for clinical accuracy, commercial bias, and alignment with accreditation standards, based on recent survey data conducted by Twelve:01. As AI-enabled tools proliferate across clinical settings, the risk is that unaccredited, algorithmically driven content fills the point-of-care space first, without the independence safeguards the ACCME system exists to provide.

Strategic Opportunity: ACCME's decision to reference AI in its official data report gives the CME/CE community an authoritative anchor. Providers positioned to act now have an opportunity to help define the profession's AI governance standards before such standards are established by regulators and or influenced by technology vendors, or other external stakeholders.

Practical first steps include adopting an AI-use policy that addresses content generation, review, and disclosure; piloting accredited point-of-care modules that demonstrate

independent, outcomes-measured learning can coexist with AI-enabled clinical systems; and developing governance self-assessments that map AI touchpoints across the activity lifecycle.

***Source**:* Accreditation Council for Continuing Medical Education. (2026). *ACCME Data Report: Sustaining Trust and Expanding Reach – 2025*. https://www.accme.org/2025-data-report Twelve:01 Consulting comparative analysis, June 2026.

***AI Disclosure**: This report was developed with the assistance of Claude (Opus 4.8) to support research, content organization, and editorial refinement. All AI-generated outputs were critically reviewed, fact-checked, and substantively edited by Twelve:01 content developers to ensure accuracy, relevance, and alignment with current evidence and professional standards. Final responsibility for the quality and integrity of this report rests solely with the Twelve:01 content development team.*