



Wisconsin Medical Society
Your Doctor. Your Health.

**Continuing Medical Education
Policy & Procedure Manual
for Intrastate Accredited
CME Providers**

(UPDATED JANUARY 2010)

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INTRODUCTION

The Wisconsin Medical Society, through its Council on Medical Education, has the responsibility for accrediting providers of continuing medical education (CME) programs within the state. This responsibility was delegated originally by the American Medical Association (AMA) and reaffirmed by the current Accreditation Council for Continuing Medical Education (ACCME). Organizations seeking to be accredited providers of continuing medical education must show compliance with the Accreditation Elements and Policies which have been promulgated by the ACCME and adopted by the Wisconsin Medical Society in its intrastate accreditation program. The Accreditation Elements and Policies as well as associated guidelines are found in the text of this manual.

The CME accreditation program of the Wisconsin Medical Society (Society) is recognized by the Committee for Review and Recognition (CRR) of the ACCME, thus assuring national acceptance of Society accreditation and authorization to issue *AMA PRA Category 1 Credits*[™].

The Wisconsin Medical Society Council on Medical Education has developed the following goals for its accreditation program:

1. Assure that those institutions and organizations that offer accredited CME programs can realistically provide quality educational activities;
2. Assure that those accredited institutions and organizations are accomplishing their stated CME goals; and
3. Assure that directors of medical education, and members of the Council on Medical Education, understand the accreditation elements and policies, the accreditation process, and the principles behind both.

Strategies to accomplish these goals include:

1. Producing and disseminating information regarding the Accreditation Elements and Policies through publications, workshops, e-mail, letters, telephone, newsletters, and individual consultation visits for directors of medical education and support personnel;
2. Encouraging and supporting accredited institutions or organizations through workshops and by means of this CME Policy and Procedures document;
3. Making the survey and accreditation process and appropriate consultation available within a reasonable time frame and at the least possible expense;
4. Informing directors of medical education of any changes in the accreditation elements and policies as they may evolve, along with providing advice and recommendations on documentation of satisfactory compliance;
5. Developing and maintaining consistency in the CME survey process.

The Council on Medical Education is committed to the premise that a CME activity planned on the basis of determined educational needs that are derived from professional practice gaps, with the development of specific learning objectives, using appropriate educational methods, and a relevant evaluation will be of better quality than one presented without any formal educational planning. Compliance with the Accreditation Elements and Policies is primarily determined by adequate documentation at each of the steps in the planning, implementation and evaluation in the development of CME activities. The Council on Medical Education's main objective is to promote current, effective and practical education based on the best available scientific evidence that improves patient care for the citizens of Wisconsin.

PURPOSES OF ACCREDITATION

The major purposes of accreditation are to ensure quality and integrity of accredited CME providers by:

- Establishing criteria for evaluation of educational programs and their activities,
- Assessing whether accredited organizations meet and maintain standards,
- Promoting organizational self-assessment and improvement, and
- Recognizing excellence.

RESPONSIBILITIES

The primary responsibilities of the Society are to:

- Set and administer standards and criteria for providers of quality CME for physicians and related professionals,
- Certify that accredited providers are capable of meeting the requirements of the Accreditation Elements and Policies
- Relate CME to medical care, patient safety, quality improvement and the continuum of medical education,
- Promote desirable physician attributes and competencies;
- Evaluate the effectiveness of its policies and processes;
- Assist CME providers in continually improving their programs, and;
- Assure physicians, the public, and the CME community that CME programs meet the Society's criteria for compliance with the Accreditation Elements and Policies.

The Society conducts a voluntary accreditation program for institutions and organizations providing continuing medical education (CME). By evaluating and granting accreditation to an institution or organization whose CME program complies with the Society's Accreditation Elements and Policies, the Society seeks to improve the quality of CME and to assist physicians in identifying CME programs that meet these standards.

The Society establishes its direction from the organizations or constituencies that are its members who have a professional interest in (1) improving clinical **competence and changing physician behavior in order to achieve optimal patient outcomes** and (2) maintaining the **competence and effectiveness of the CME providers that it accredits**.

FUNCTIONS AND OVERSIGHT

The Society provides the direct **accreditation** of Wisconsin CME providers whose programs of CME attract an audience restricted to the state of Wisconsin or contiguous states.

The ACCME, through its **recognition** process, recognizes state or territorial medical societies to accredit CME providers whose target audience is restricted to that state/territory and contiguous states/territories.

These intrastate accredited functions are managed on behalf of the Society by the Council on Medical Education with Society staff support and oversight. The CME surveyors collect, review, and analyze data from multiple sources about compliance with the Society's Accreditation Elements and Policies; note program improvements; and make a recommendation to the Wisconsin Medical Society Council on Medical Education for its final decision about accreditation of an applicant/CME provider. To be accredited by the Society, an institution/organization

must meet the requirements for accreditation as determined by the Wisconsin Medical Society Council on Medical Education.

All providers within the Society's system will be judged against the same standard. Accreditation decisions made by the Wisconsin Medical Society Council on Medical Education will be made using the same basic requirements as described in this document.

To ensure quality and consistency in the accreditation system (accreditation and recognition), the Wisconsin Medical Society Council on Medical Education will measure the success of the accreditation system through its assessment of compliance on the part of the CME providers during their term of accreditation.

The Wisconsin Medical Society Council on Medical Education will review the Accreditation Elements and Policies on a continuing basis and will modify them as data and experience dictate, and as required by changes to CME imposed by the ACCME.

STATEMENT ON EDUCATIONAL CREDIT

The Society conducts a program for the accreditation of institutions and organizations offering continuing medical education, but does not conduct a program for the recognition of the continuing educational accomplishments of the individual physician. Such credentialing and qualifying activities are conducted by many organizations and agencies that have programs recognizing the completion of a variety of continuing medical education experiences or require mandatory continuing medical education for membership, re-registration of the physician's license to practice, or maintenance of certification by specialty boards.

ACCREDITATION AND CREDIT...

Society accreditation and *AMA PRA Category 1 Credit™* have long been linked as markers of quality continuing medical education. The AMA credit system requires that providers be accredited by the ACCME, or an ACCME Recognized entity, in order to designate activities for credit. The Society's accreditation process reviews an institutional self study as well as a sample of CME activities that are designated for credit in order to determine a provider's level of compliance and therefore award initial or reaccreditation.

Over the years, what is recognized as a CME activity has broadened in format and method of learner participation, first due to the incorporation into CME of regularly scheduled conferences, enduring materials and the Internet, and more recently due to the actions of the AMA credit system with its new definitions of activities (e.g., test-item writing, manuscript review, and committee learning). At the same time, the AMA was directly granting *AMA PRA Category 1 Credit™* for certain professional activities (as described in the 2006 *AMA PRA Booklet*, "Physicians may claim *AMA PRA Category 1 Credit™* directly from the AMA for learning that occurs as a result of teaching in live CME activities, poster presentations, published articles, medically related advanced degree or American Board of Medical Specialties (ABMS) member board certification, recertification and Maintenance of Certification (MOC)").

In March 2006, the AMA issued a revision to its *Physician's Recognition Award Booklet*. In it, the AMA allowed "assigning credit for teaching at *Category 1 live activities*" from a direct credit awarded by the AMA to one involving accredited providers who would be able to award credit to their faculty for the learning involved in preparing to teach in live CME activities. The AMA wrote,

Providers may also award AMA PRA Category 1 Credit to their faculty for teaching at the provider's designated live activities. This credit acknowledges the learning associated with the preparation for an original presentation.

Assigning credit for teaching at Category 1 live activities:

- *Faculty may be awarded two (2) AMA PRA Category 1 Credits™ for each hour they present at a live activity designated for such credit.*
- *Faculty may not claim simultaneous credit as physician learners for sessions at which they present; however, they may claim participant credit for other sessions they attend as learners at a designated live activity.*
- *Credit may only be claimed once for repeated presentations.*

All CME educational activities developed and presented by a provider accredited by the Society and associated with *AMA PRA Category 1 Credit™* must be developed and presented in compliance with all Society accreditation requirements - in addition to all the requirements of the AMA PRA program. All activities so designated for, or awarded, credit will be subject to review by the Society as verification of fulfillment of the accreditation requirements.

Related Questions and Answers

What does the Society expect from Providers who award credit for teaching in CME activities?

Providers who award credit for teaching in CME activities must recognize that they are now building an educational activity that must meet the requirements of the Society. Every activity needs to be in compliance with all applicable Society requirements. Society accredited providers have the ability to designate CME activities for *AMA PRA Category 1 Credit™*. The American Medical Association (AMA) defines what kinds of activities are eligible for credit. Society accredited providers add value for participants by the facilitation and measurement of learning through the application of the Society's Essential Areas, Elements and Policies. Accredited CME providers can now designate credit for teaching in CME, internet searching and learning, test item writing, manuscript review and performance improvement activities, in addition to live activities (including some committee learning), enduring materials and journal-based continuing medical education. The Society supports AMA efforts which address the need for a continuing medical education credit and accreditation system that recognizes a) the variety of formats in which physicians learn and b) the added value of the delivery of these educational interventions through accredited CME providers. The Society's educational and organizational requirements, including the Standards for Commercial Support, can be applied to all formats of CME activities. When a Society accredited provider designates an educational activity for *AMA PRA Category 1 Credit™*, it does so under the umbrella of the Society's accreditation statement.

"Learning from Teaching" is a new activity format. The Society expects that all the new formats of continuing medical education will be implemented, and compliance demonstrated, within the current framework of the Society's accreditation requirements and process. An accredited provider might choose to make one activity for all faculty throughout the year, thus making the documentation for the activity more centralized. Whatever the manner of record-keeping, it is the Society's expectation that these activities will be in compliance with the accreditation requirements, equal to any other format of activity offered by an accredited provider.

Why can't we just award credit to faculty for teaching or writing in an activity certified for credit?

Teachers and authors provide the link between learner needs and expected results. Faculty are chosen for their ability to facilitate learning in order to achieve the expected result of the activity. Implicit in one's role as faculty is the expectation that the teacher/author's expertise and skill is the same as the purpose or objective of the activity. In other words, the teacher's starting point is the learner's end point. CME is about learning and change. It is about improvements in competence, or performance, or patient outcomes. Accredited providers, therefore, need to find a way to facilitate improvements of the teachers and authors who receive credit. This is applicable to all formats of CME.

How does the designation of *AMA PRA Category 1 Credit*[™] relate to what part of our CME program is reviewed by the Society? All CME educational activities developed and presented by a provider accredited by the Society and associated with *AMA PRA Category 1 Credit*[™] must be developed and presented in compliance with all Society accreditation requirements - in addition to all the requirements of the AMA PRA program. All activities so designated for, or awarded, credit will be subject to review by the Society's accreditation process as verification of fulfillment of the Society's accreditation requirements.

It is important to note that institutions and organizations are not accredited by the ACCME or the Society for the purpose of granting educational credit, and that the requirements for such credit are maintained by the credentialing and qualifying bodies themselves. Accreditation by the ACCME or the Society does not carry with it the authorization for the institution or organization to certify credit as meeting the requirements of the credentialing and qualifying bodies. The authority of an institution or organization to certify such credit is granted by the credentialing/qualifying body in accordance with its own rules and regulations. Since different credentialing agencies have varying requirements, directors of continuing medical education, and physician participants in education programs, should be aware of the requirements of the particular credentialing or qualifying agency for which credit is being earned. The director of continuing medical education should plan to keep such records of physician attendance as may be necessary to satisfy the needs of the individual physician participant.

The American Medical Association (AMA) offers many alternative methods for earning *AMA PRA Category 1 Credits*[™] not designated by an accredited CME provider. Physicians should apply for PRA credit directly from the AMA by contacting (312) 464-4672. Providers accredited by the Society cannot award local credit for such activities. Providers may only designate credit for activities they directly or jointly sponsor.

DEFINITION OF CONTINUING MEDICAL EDUCATION

The Society defines CME as:

Continuing medical education consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

A broad definition of CME, such as the one found above, recognizes that all continuing educational activities that assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate CME for practitioners interested in providing better service to patients.

Not all continuing educational activities that physicians may engage in are CME. Physicians may participate in worthwhile continuing educational activities that are not related directly to their professional work, and these activities are not CME. Continuing educational activities that respond to a physician's non-professional educational need or interest, such as personal financial planning, appreciation of literature or music, or parent effectiveness, are not CME.

CME that discusses issues related to coding and reimbursement in a medical practice falls within the Society's definition of CME.

Providers are not eligible for accreditation or re-accreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for accreditation.

Content Validation

Accredited providers are responsible for validating the clinical content of CME activities that they provide. Specifically,

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

ELIGIBILITY FOR ACCREDITATION

The ACCME, in an attempt to foster continuing medical education of high quality at reasonable cost, available to all physicians in the United States, specifies the following criteria of eligibility for accreditation: Institutions and organizations which are surveyed and accredited directly by the ACCME are generally defined as follows: state medical societies, schools of medicine, and other institutions and organizations providing continuing medical education activities on a regular and recurring basis and serving registrants, more than 30% of whom are from beyond bordering states.

Institutions and organizations not eligible for accreditation directly by the ACCME should seek accreditation from the state medical society (or state accrediting body in states where the medical society does not accredit alone) in the state in which they have their headquarters or in which they provide CME activities.

The Wisconsin Medical Society Council on Medical Education is the body that accredits the following institutions for the provision of CME (when and if they choose to seek accreditation).

- Government or Military agencies,
- County medical societies,
- Hospitals,
- Medical specialty societies,
- Health care delivery systems,
- Multi-institution systems,
- Physician membership organizations, and
- Certain other eligible institutions and organizations as determined by the Council on Medical Education whose programs of CME serve physician learners.

The Society accredits institutions or organizations based on their implemented overall program of CME. The overall program consists, at least in part, of one or more educational activities that have been developed in accordance with the Accreditation Elements and Policies and are available for review by the Society.

To be eligible for accreditation, a provider must offer a program of continuing professional education for physicians. An organization is not eligible to apply for accreditation if its program is devoted solely to advocacy of a modality of diagnosis or treatment that is not a subject for instruction in most medical schools whose programs of medical education are accredited by the Liaison Committee on Medical Education.

To be eligible for accreditation by the Society, the institution or organization must be located in the state of Wisconsin. The Society limits site survey visits to the state of Wisconsin.

The Society defines a **commercial interest** as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. However, the Society, does not consider providers of clinical service directly to patients to be commercial interests.

A commercial interest is not eligible for Society or ACCME accreditation. Within the context of this definition and limitation, the Society considers the following types of organizations to be eligible for accreditation and free to control the content of CME:

- 501-C Non-profit organizations
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit hospitals
- For profit rehabilitation centers
- For-profit nursing homes
- Blood banks
- Diagnostic laboratories

The Society reserves the right to modify this definition and this list of eligible organizations from time to time without notice. The Society also reserves the right to make all decisions on eligibility for accreditation.

Where there is a question of eligibility for initial survey, the application will be referred to the Wisconsin Medical Society Council on Medical Education, which will consider and vote upon the eligibility of the applicant.

ACCREDITATION STATUS AVAILABLE WITHIN THE WISCONSIN MEDICAL SOCIETY SYSTEM

Status	Term
Accreditation with Commendation	Six years
Accreditation	Four Years
Provisional Accreditation (For Initial Only)	Two years
Probation	Two years maximum with full accreditation status resumed when progress report on correction of deficiencies received, validated, and accepted by the Council on Medical Education
Non-accreditation	Accreditation withheld/withdrawn for noncompliance

TYPES AND DURATION OF ACCREDITATION

1. **PROVISIONAL ACCREDITATION of an Institution/Organization:** This type of accreditation is used only for new applications from institutions and organizations that meet the criteria in the Accreditation Elements and Policies. When an institution/organization submits an application to the Council on Medical Education after its accreditation has been withdrawn or withheld (non-accreditation), it is considered a new application. Provisional accreditation may also be granted when an accredited institution's/organization's continuing medical education program has been so altered that it is essentially a new program. Provisional accreditation of an institution/organization may be extended for up to two years if accreditation status is not yet warranted. An adverse decision at the end of Provisional Accreditation will result in Non-Accreditation; it cannot result in Probationary Accreditation.
2. **ACCREDITATION of an Institution/Organization:** This type of accreditation is granted to institutions/organizations which are accredited or have provisional or probationary accreditation, and for which there is evidence that they substantially comply with the Accreditation Elements and Policies.
3. **PROBATIONARY ACCREDITATION of an Institution/Organization:** This type of accreditation is granted for one or two years when an accredited institution or organization has seriously deviated from the Accreditation Elements or Policies. During the probationary period, the accredited institution/organization shall take the necessary steps to correct the identified deficiency or deficiencies. Providers, while on probation, may not act as joint sponsors of continuing medical education activities with non-accredited entities, except for activities that were contracted prior to the probationary status.
4. **NON-ACCREDITATION of an Institution/Organization:** This applies in the case of initial or continued noncompliance with the Accreditation Elements and Policies, or in case of a request for voluntary withdrawal of accreditation. The institution/organization shall be provided with the reasons for non-accreditation.

Duration: The period of accreditation for a new applicant extends from the effective date of initial provisional accreditation until the institution's/organization's self study is reviewed and acted upon by the Council on Medical Education. In the case of an already accredited institution, the accreditation remains in effect until the self study is reviewed and acted upon by the Council on Medical Education.

Resurvey Time: When accreditation action is taken, the time at which a resurvey for continued accreditation shall be scheduled is determined by the Council on Medical Education. Nine to twelve months advance notice of a resurvey for continued accreditation should be given to an institution/organization.

Periods of Accreditation:

Six years is the standard term for ACCREDITATION WITH COMMENDATION.

Four years is the standard term of ACCREDITATION.

Two years PROVISIONAL ACCREDITATION will be the standard term for initial applications, with one extension possible for an additional two years.

PROBATIONARY ACCREDITATION for one or two years will be recommended for programs with serious deficiencies. Deficiencies will be justified by reference to the Accreditation Elements, and Policies.

Fully accredited programs which demonstrate deficiencies may be given a period of probation, not to exceed two years. Continued failure to meet the Accreditation Elements and Policies may result in non-accreditation.

NON-ACCREDITATION is for institutions/organizations that do not meet the Accreditation Elements and Policies.

Initial applicants who receive non-accreditation may not be reviewed again by the Society until one year from the date of the Council on Medical Education meeting at which the decision was made. A subsequent survey team will only review material from the date of the last decision. Therefore, non-compliance expressed in an activity file or administrative review that occurred prior to the non-accreditation decision will not be held against the applicant.

An institution/organization may be re-evaluated at any time less than the period specified for resurvey at the time of accreditation, if information is received from the institution/organization itself, or from other credible sources, which indicates the institution/organization has undergone substantial change and/or may no longer be in compliance with the Accreditation Elements and Policies. When and if alleged deficiencies are confirmed to the Wisconsin Medical Society Council on Medical Education, a resurvey will be scheduled, at the prevailing fee, to review and make a recommendation regarding the institution/organization's accreditation status.

WISCONSIN MEDICAL SOCIETY APPROACH TO ACCREDITATION

The Society collects, reviews, and analyzes data for Accreditation Elements consistent with the level of accreditation the CME provider is seeking. Level 1 criteria must be met by all CME providers. Level 2 criteria must be met for full accreditation. Level 3 criteria must be met to achieve accreditation with commendation, but must be addressed by all CME providers. The elements are broken down into the following sections: Purpose and Mission (Purpose), Educational Planning and Evaluation (Process and Assessment), Administration (Structure) and Separation of Education from Promotion (Standards for Commercial Support and Disclosure).

- The **Purpose and Mission criteria** describes *why* the organization is providing CME.
- The **Planning and Evaluation criteria** explains *how* the organization provides CME activities and how well the organization is accomplishing its purpose in providing CME activities.
- The **Administration criteria** defines *what* the organizational support and protocol are for the CME unit.
- The **Separation of Education from Promotion criteria** ensures educational activities are provided without commercial bias and that any identified conflicts of interest are resolved before the educational activity takes place.
- Within each section are required Elements for which decision-making Criteria have been established.
- The **Elements** are descriptors of performance in the Essential Area.
- The **Criteria** describe the levels of performance and/or accomplishment for each Element.

To make accreditation decisions, the Society will review the data collected for these criteria to determine if the provider is in compliance with a basic level of performance. This process is repeated at the end of every accreditation term for providers and more frequently where monitoring suggests non-compliance or possible areas for improvement.

ACCREDITATION BASED ON THE ACCREDITATION ELEMENTS

The Society recognizes that the professional responsibility of physicians requires continuous learning throughout their careers, appropriate to the individual physician's needs. The Society also recognizes that physicians are responsible for choosing their CME activities in accordance with their perceived and documented needs, individual learning styles, practice setting requirements, and for evaluating their own learning achievements. The Accreditation Elements and Policies are designed to encourage providers to consider the needs and interests of potential physician participants in planning their CME activities and to encourage the physicians to assume active roles in the planning process.

In the Accreditation Elements and Policies the Society has identified certain Elements of structure, method and organization, which contribute to the development of effective continuing medical education. The Accreditation Elements and Policies are the requirements that a provider must meet for accreditation. They provide a valuable resource for physicians planning their own CME and for providers designing CME activities and programs.

[Please refer to “The Wisconsin Medical Society Accreditation Elements” for the full text of these requirements.]

CRITERIA

Measurement criteria have been developed for each *Accreditation Element* to determine whether the accredited provider meets the basic level of accreditation. **A provider's documentation of the measurement criteria will be the Society's primary source of information for determining compliance with the Accreditation Elements.**

The following classification of compliance will be used:

- Noncompliance
- Compliance

[Please refer to “The Wisconsin Medical Society Decision Making Criteria” for the full text of the criteria for decision-making.]

WISCONSIN MEDICAL SOCIETY PROCESS OF ACCREDITATION

The process of accreditation and reaccreditation is data-driven and uses multiple data sources. It involves four phases: data collection, data review and analysis, decision-making, and notification of the provider.

Data collection

The applicant/provider is responsible for providing descriptive data about its CME program. The Society is responsible for receiving, clarifying, and analyzing the data provided so that valid inferences and reliable decisions can be made based on accurate and complete information. Three data sources will be used by the Society to accomplish its purposes and responsibilities. These include:

1. Application/Self Study allows the Society to document accomplishments and improvements.

2. Site Survey
 - a. Organizational Review allows the Society to determine responsibility for the CME program.
 - b. Document Review allows the Society to assure appropriate documentation.
 - c. Activity Review allows the Society to review application of the Accreditation Elements and Policies.
3. Annual/Interval Monitoring Report allows the Society to note changes in the program.

The process for Initial Accreditation:

- a. Review of potential applicant's qualifications, experience, and appropriateness will occur when initial inquiry is received.
- b. Institution/organization will be asked to complete an application.
- c. Application will be reviewed/screened to determine completeness of application.
- d. Opportunities for additional data collection through survey and activity review will be arranged.

The process for Reaccreditation:

- a. Approximately 9-12 months prior to the end of the accreditation period, the provider will be notified of a need to submit a Self Study to the Society.
- b. Approximately six weeks prior to the end of the accreditation period, the provider will submit the Self Study to the Society and data collection opportunities will be arranged.

For Initial Accreditation and Reaccreditation, the Society surveyors will review the Self Study data prior to the site visit. During the site survey, the surveyors' goal is to ensure that the Wisconsin Medical Society Council on Medical Education has complete and accurate data on all Accreditation Elements and Policies that can be accessed through the organizational and document reviews. For Reaccreditation, all annual report data and activity data will also be available for review by the Society surveyors and the Council on Medical Education.

Data Review and Analysis

All data collected from the Self Study, annual reporting summaries, and the site visit (organization, document and activity reviews) will be reviewed and analyzed by the surveyors in order to make a recommendation to the Wisconsin Medical Society Council on Medical Education for a final decision. To make the recommendation, the surveyors will review compliance with each Accreditation Element using predetermined criteria.

Criteria for Selection of an Accreditation Status

1. To achieve provisional accreditation, the applicant must be found in compliance in all applicable Accreditation Elements and Policies. To achieve this, the provider must satisfy all the Level 1 criteria.
2. For accredited providers seeking full accreditation from provisional or reaccreditation from full accreditation, providers achieving compliance with the Accreditation Elements, will earn a standard term of accreditation. To achieve this, the provider must satisfy the Level 1 and Level 2 criteria, and address Level 3. Non-compliance with any one or more Accreditation Elements or Policies will result in the requirement for a progress report¹. Failure to demonstrate compliance in the progress report may result in probation.
3. For organizations seeking accreditation with commendation, providers must achieve compliance with all of the Accreditation Elements and satisfy all of the criteria (i.e., Levels 1, 2, and 3).
4. For accredited providers seeking full accreditation from probation, non-compliance with any one or more of the Accreditation Elements or Policies may be cause for non-accreditation.

¹ Follow-up is required in areas where change or improvement is necessary. The Council may ask for a written submission during the subsequent term of accreditation that describes the progress that the accredited provider has made in changing its program so that marginal or noncompliant practices improve. This structured, written submission is called a **Progress Report**.

Accreditation Decision Making

The surveyors will review data from the Self Study, annual report summaries and the site visit and will make a recommendation to the Wisconsin Medical Society Council on Medical Education.

The Wisconsin Medical Society Council on Medical Education will make the final decision about accreditation based on its careful review of the documentation and the surveyors' recommendation.

A decision could be one of five options: Accreditation with Commendation, Accreditation, Provisional Accreditation, Probation, or Non-accreditation, and will be criterion referenced (based on predetermined criteria).

Notification of the Provider

Within four weeks of the Council on Medical Education decision on an accreditation decision, the Society will send a letter of notification of action to the applicant/accredited provider. The letter will include the following:

- Decision of the Council on Medical Education regarding status of the provider,
- Feedback on the provider's strengths and/or weaknesses,
- Areas of noncompliance, and
- Requirements for follow-up/progress report in areas where change or improvement is necessary.

ACCREDITATION FOLLOW-UP

The Progress Report

Purpose: To communicate information about the changes accomplished by the accredited provider to validate its compliance with the Accreditation Elements and Policies that were perceived in noncompliance during the most recent accreditation review.

Format: This structured report from the accredited provider will include the following:

- Listing of the Accreditation Elements and Policies that were cited as being in noncompliance on the last survey.
- Indication of changes made to correct or improve performance in the Accreditation Elements, and Policies.
- Documentation providing evidence that changes have been made/implemented.

The Progress Report will be reviewed by one or more of the original surveyors, who will formulate a recommendation to the Council on Medical Education to accept, reject or require clarification of the Progress Report. The Council will make the ultimate decision.

Decision Criteria: The same criteria for each Element in the Essential Areas will be used to assess the progress reports as is used for the initial survey.

Decision Options: The Wisconsin Medical Society Council on Medical Education has the following options:

Accept: If the Progress Report is accepted, the provider has corrected the elements that were in noncompliance.

Clarification Required: If the Progress Report requires clarification, the provider has corrected most of the elements that were in noncompliance, but some additional information is required to be certain the provider is in compliance. An additional Progress Report may be required.

Reject: If the Progress Report is rejected, the provider has not corrected one or more of the elements that were in noncompliance. Either a second Progress report or a Focused Accreditation Survey may be required. The Council on Medical Education will retain the right to place a provider on probation as the result of findings on a Progress Report.

Notification: The Society will send the provider a letter confirming acceptance of the Progress Report, or requesting more information from the provider.

The Focused Accreditation Survey

Purpose: To collect data about a specific problem that has been reported or has not been corrected as a result of the Progress Report.

Format: A trained surveyor, who has been briefed about the condition that needs to be reviewed, will conduct a one-day visit. The problem will be reviewed with the provider and the provider will have an opportunity to present evidence that the condition has been changed/corrected and that the provider is now in compliance or has a plan to achieve compliance. The surveyor will conclude the visit with a summary of what was learned to be sure that the provider's position can be reported accurately to the Wisconsin Medical Society Council on Medical Education.

Decision Criteria: Same as Accreditation.

Decision Options: Same as Accreditation. A provider can have its accreditation status changed to probation as a result of a Focused Accreditation Survey.

The Data Sources

	Goals	Objectives	Format
INITIAL APPLICATION OR REACCREDITATION SELF STUDY	The application/Self Study is the foundation for the accreditation process. The goals of the application/Self Study are to provide an opportunity for the applicant or accredited provider to assess its commitment to and role in providing CME, analyze its past practices, identify areas for improvement, and determine its future direction.	<ul style="list-style-type: none"> Analyze data collected about what, why, and how the CME program and its products and services are utilized, Assess how well they are performing, and Identify changes and improvements to be implemented to be a successful provider. 	How the application/Self Study is accomplished is the responsibility of the provider. The report should address the goals and objectives noted earlier and the Accreditation Elements and Policies. A "Guide for the Self Study" with key questions for review and study by the provider will be available from the Society. The "Guide" will assist the provider in assessing its program thoroughly and in preparing a report for use by the Society in its decision for reaccreditation.

	Goals	Objectives	Format
SITE SURVEY	The goals of the site survey are to gather data about administration, documentation, and practice; to verify and clarify compliance with the Accreditation Elements and Policies and to recognize excellence whenever present.	<ul style="list-style-type: none"> To give <u>the providers</u> the opportunity to clarify the information supplied in the application/Self Study and to demonstrate the adequacy of their administrative support and resources, which are in place to support the CME unit. To give <u>the Society surveyors</u> the opportunity to audit documentation, ensure that any specific documentation required by the Society is present, and ensure that they have sufficient information about the provider's educational program with which to formulate a report to the Wisconsin Medical Society Council on Medical Education. 	The format involves interviews between the representatives of the CME organization and the Society surveyors. The opportunity for document and activity review will exist. Components of the site survey generally include the following: <ul style="list-style-type: none"> Introductory Session Meeting(s) with CME Principals/Administration/Physician CME Leadership Document Review Activity Review Exit Interview Tour of facilities

	Goals	Objectives	Format
DOCUMENT REVIEW (Part of the Site Survey)	The goal of the document review is to gather data about compliance with Accreditation Elements and Policies by accredited providers.	<ul style="list-style-type: none"> Determine whether there is documentation to support that activities have been planned, presented, and evaluated in compliance with the Accreditation Elements and Policies; Assess that specific documentation that is required by the Society is present. 	The Society surveyors will select a list of the activities on which a document review will be based. The provider also may be requested to have other documentation of compliance with Society policy available during the site visit.

	Goals	Objectives	Format
ACTIVITY REVIEW (Part of the Site Survey)	The goal of the activity review of an applicant/accredited provider is to gather data about the <u>application</u> of the Accreditation Elements and Policies that can only be measured through the direct observation of an activity. This will allow the applicant/provider to demonstrate performance in practice.	<ul style="list-style-type: none"> Document compliance with those criteria of the Society's Accreditation Elements and Policies that can only be measured by the observance of a live activity. Get clarification from the applicant/accredited provider on questions that might arise as a result of observing the activity. 	<p>Normally the Activity Review is conducted at the same time as the site visit, but may be scheduled at an independent time from the site visit, if necessary. The process of the Activity Review includes:</p> <ul style="list-style-type: none"> Direct observation of an activity and its components, Interview with staff of the applicant/accredited provider as required, Completion of an Activity Review Form by the Society Surveyors.

	Goals	Objectives	Format
ANNUAL REPORTING AND MONITORING	The goal of the annual reporting and monitoring process is to gather data about the changes within an accredited provider's program and within the population of accredited providers.	<ul style="list-style-type: none"> Provide an opportunity for providers to report on progress of changes and improvements in their programs. Collect standardized data about the products, services, and processes of all accredited providers. Receive feedback on the issues of accreditation that should be reviewed and improved. 	<p>Information will be exchanged through an annual report. Individual provider data will be maintained in a confidential manner. Information collected about an organization during the complaint and inquiry process, if applicable, will also be included. Summary data will be reported to the ACCME.</p>

THE WISCONSIN MEDICAL SOCIETY ACCREDITATION ELEMENTS

The Society recognizes that the professional responsibility of physicians requires continuous learning throughout their careers, appropriate to the individual physician's needs. The Society also recognizes that physicians are responsible for choosing their CME activities in accordance with their perceived and documented needs, individual learning styles, practice setting requirements and for evaluating their own learning achievements.

The Accreditation Elements and Policies, are designed to encourage providers to consider the needs and interests of potential physician participants in planning their CME activities and to encourage the physicians to assume active roles in the planning process.

In the Accreditation Elements and Policies, the Society has identified certain elements of structure, method, and organization that contribute to the development of effective continuing medical education. The Accreditation Elements and Policies are the practices that a provider must implement for accreditation.

UPDATED CRITERIA FOR COMPLIANCE WITH WISCONSIN MEDICAL SOCIETY'S ACCREDITATION ELEMENTS

		Level 1 Provider Provisional Accreditation	Level 2 Provider Full Accreditation	Level 3 Provider Accreditation w/Commendation	
Criteria	Element				
1. The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.	1.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2. The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.	2.1 2.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3. The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.	2.1 2.3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4. The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.	2.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5. The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.	2.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6. The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).	2.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7. The provider develops activities/educational interventions independent of commercial interests	SCS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8. The provider appropriately manages commercial support		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
9. The provider maintains a separation of promotion from education		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
10. The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
11. The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.	2.4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
12. The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.	2.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
13. The provider identifies, plans and implements the needed or desired changes in the overall program(e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14. The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15. The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
16. The provider operates in a manner that integrates CME into the process for improving professional practice.					<input checked="" type="checkbox"/>
17. The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).					<input checked="" type="checkbox"/>
18. The provider identifies factors outside the provider's control that impact on patient outcomes.					<input checked="" type="checkbox"/>
19. The provider implements educational strategies to remove, overcome or address barriers to physician change.					<input checked="" type="checkbox"/>
20. The provider builds bridges with other stakeholders through collaboration and cooperation.					<input checked="" type="checkbox"/>
21. The provider participates within an institutional or system framework for quality improvement.					<input checked="" type="checkbox"/>
22. The provider is positioned to influence the scope and content of activities/educational interventions.				<input checked="" type="checkbox"/>	

ACHIEVING AN ACCREDITATION STATUS

In the Wisconsin Medical Society's revised model, CME providers can achieve **three levels** of accreditation each of which has an associated set of updated compliance criteria.

Level 1 requires compliance with nine criteria (Criteria 1 to 3 and 7 to 12.) Level 1 is the basic, entry level set of criteria that all new applicants must achieve in order to achieve

Level 1 Criteria

- The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program. (1.1)
- The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners. (2.1, 2.2)
- The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement. (2.1, 2.3)
- The provider develops activities/educational interventions independent of commercial interests. (SCS 1, 2 and 6)
- The provider appropriately manages commercial support. (SCS 3)
- The provider maintains a separation of promotion from education. (SCS 4)
- The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest. (SCS 5)
- The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions. (2.4)
- The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions. (2.4, 2.5)

Please note that the number following each of the criteria corresponds to a specific Accreditation Element. Information about these Elements can be found in this policy compendium starting on page 16.

A provider that meets Level 1 criteria is a change agent focused on trying to change their physician learners' competence, performance, or patient outcomes. In so doing, the provider plans CME interventions that are compliant with the Wisconsin Medical Society Standards for Commercial Support and are designed to improve healthcare in the context of their own CME mission. These providers measure their effectiveness as change agents by determining the extent to which they have been successful at meeting their CME mission.

Level 2 requires compliance with Level 1 criteria **plus** six additional criteria (Criteria 1 to 15) – which must also be met by accredited providers in order to maintain their **Accreditation** status. The provider must also address criteria 16-22, although they are not required to fulfill those criteria for accreditation. Level 2 criteria require the provider to refine its educational interventions and to improve on its ability to meet its own mission. A provider at this level will have a plan in place to improve on their ability to meet their CME mission as identified in the Level 1 criteria. The plan will be implemented and improvements will be underway. The impact of the program improvements will be measured. Educational interventions, of appropriate format, will be designed around the knowledge, strategy or performance issues that underlie the professional practice gaps of the learners. The content of the interventions will be related to the scope of practice of the learners and associated with current desirable physician attributes (e.g., IOM or ACGME competencies). This provider is a change agent who is actively engaged in the improvement of the quality of their CME program while facilitating practice-based learning and improvement.

Level 1 Plus...

Level 2 Criteria

- The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities. (2.1)
- The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity. (2.1)
- The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies). (2.1)

- The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission. (2.5)
- The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed. (2.5)
- The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured. (2.5)

Please note that the number following each of the criteria corresponds to a specific Accreditation Element. Information about these Elements can be found in this policy compendium starting on page 16.

Level 3 requires compliance with Level 2 Criteria **plus** seven additional criteria (Criteria 1 to 22.). Level 3 criteria rewards the provider for engaging in the system in which it operates beyond the provision of CME interventions - as a strategic asset to quality and safety initiatives. Level 3 will be the basis for achieving **Accreditation with Commendation**. This provider has mechanisms in place to identify and overcome barriers to physician change and to integrate CME into health care improvement initiatives. This provider does not work in isolation and takes advantage of non-educational strategies to enhance the learning and change process.

Level 2 Plus...

Level 3 Criteria

- The provider operates in a manner that integrates CME into the process for improving professional practice.
- The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).
- The provider identifies factors outside the provider's control that impact on patient outcomes.
- The provider implements educational strategies to remove, overcome or address barriers to physician change.
- The provider builds bridges with other stakeholders through collaboration and cooperation.
- The provider participates within an institutional or system framework for quality improvement.
- The provider is positioned to influence the scope and content of activities/educational interventions.

Please note that the number following each of the criteria corresponds to a specific Accreditation Element. Information about these Elements can be found in this policy compendium starting on page 16.

2006 UPDATED DECISION-MAKING CRITERIA RELEVANT TO THE ACCREDITATION ELEMENTS

Measurement criteria have been established for the Elements of the Essential Areas. If a provider meets the criteria for the Elements within the Essential Area, the provider will be deemed to be 'In Compliance.'

Essential Area and Element(s)		Criteria for Compliance
Essential Area 1: Purpose And Mission	<p>The provider must,</p> <p>E 1 - Have a written statement of its CME mission, which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.</p>	<p>C 1 - The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.</p>

Essential Area and Element(s)		Criteria for Compliance
Essential Area 2: Educational Planning	<p>The provider must,</p> <p>E 2.1 - Use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities.</p> <p>E 2.2 - Use needs assessment data to plan CME activities.</p> <p>E 2.3 - Communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.</p> <p>E 3.3 - Present CME activities in compliance with the Wisconsin Medical Society's policies for disclosure and commercial support.</p>	<p>C 2 - The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.</p> <p>C 3 - The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.</p> <p>C 4 - The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.</p> <p>C 5 - The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.</p> <p>C 6 - The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).</p> <p>C 7 - The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6).</p> <p>C 8 - The provider appropriately manages commercial support (if applicable, SCS 3).</p> <p>C 9 - The provider maintains a separation of promotion from education (SCS 4).</p> <p>C 10 - The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).</p>

[Note: Regarding E 3.3 and C7 to C10 - The Wisconsin Medical Society's policies for disclosure and commercial support are articulated in: (1) The Standards For Commercial Support: Standards to Ensure Independence in CME Activities, as adopted by Wisconsin Medical Society in September 2004; and (2) Wisconsin Medical Society policies applicable to commercial support and disclosure.

Essential Area and Element(s)	Criteria for Compliance
<p style="text-align: center;">Essential Area 3: Evaluation and Improvement</p>	<p>The provider must,</p> <p>E 2.4 - Evaluate the effectiveness of its CME activities in meeting identified educational needs.</p> <p>E 2.5 - Evaluate the effectiveness of its overall CME program and make improvements to the program.</p>
	<p>C 11 - The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions</p> <p>C 12 - The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.</p> <p>C 13 - The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.</p> <p>C 14 - The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed.</p> <p>C 15 - The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured.</p>
<p style="text-align: center;">Accreditation with Commendation</p>	<p>All accredited providers must address C16-C22 even if they are not fulfilling the criteria. In order for an organization to achieve the status Accreditation with Commendation, the provider must demonstrate that it fulfills the following Criteria 16 - 22, in addition to Criteria 1-15.</p> <p>C 16 - The provider operates in a manner that integrates CME into the process for improving professional practice.</p> <p>C 17 - The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).</p> <p>C 18 - The provider identifies factors outside the provider's control that impact on patient outcomes.</p> <p>C 19 - The provider implements educational strategies to remove, overcome or address barriers to physician change.</p> <p>C 20 - The provider builds bridges with other stakeholders through collaboration and cooperation.</p> <p>C 21 - The provider participates within an institutional or system framework for quality improvement.</p> <p>C 22 - The provider is positioned to influence the scope and content of activities/educational interventions.</p>

THE STANDARDS FOR COMMERCIAL SUPPORT
Standards to Ensure Independence in CME Activities

STANDARD 1: Independence

- 1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. Please refer to page 54 of this policy compendium for the Society's definition of a commercial interest.

- a. Identification of CME needs;
- b. Determination of educational objectives;
- c. Selection and presentation of content;
- d. Selection of all persons and organizations that will be in a position to control the content of the CME;
- e. Selection of educational methods;
- f. Evaluation of the activity.

1.2 A commercial interest cannot take the role of non-accredited partner in a joint sponsorship relationship.

STANDARD 2: Resolution of Personal Conflicts of Interest

- 2.1 The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The Society defines “relevant” financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.
- 2.2 An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.
- 2.3 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

STANDARD 3: Appropriate Use of Commercial Support

- 3.1 The provider must make all decisions regarding the disposition and disbursement of commercial support.
- 3.2 A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.
- 3.3 All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

Written Agreement Documenting Terms of Support

- 3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider’s educational partner or a joint sponsor.
- 3.5 The written agreement must specify the commercial interest that is the source of commercial support.
- 3.6 Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

Expenditures for an Individual Providing CME

- 3.7 The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.

- 3.8 The provider, the joint sponsor, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.
- 3.9 No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
- 3.10 If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for Learners

- 3.11 Social events or meals at CME activities cannot compete with or take precedence over the educational events.
- 3.12 The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint sponsor or educational partner.

Accountability

- 3.13 The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

STANDARD 4. Appropriate Management of Associated Commercial Promotion

- 4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.
- 4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.
 - For **print**, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face **and** are not paid for by the commercial supporters of the CME activity.
 - For **computer based**, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content
 - For **audio and video recording**, advertisements and promotional materials will not be included within the CME. There will be no 'commercial breaks.'
 - For **live, face-to-face CME**, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.

- 4.3 Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.
- 4.4 Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.
- 4.5 A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.

STANDARD 5. Content and Format without Commercial Bias

- 5.1 The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.
- 5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

STANDARD 6. Disclosures Relevant to Potential Commercial Bias

Relevant Financial Relationships of Those with Control Over CME Content

- 6.1 An individual must disclose to learners any relevant financial relationship(s), to include the following information:
 - The name of the individual;
 - The name of the commercial interest(s);
 - The nature of the relationship the person has with each commercial interest.
- 6.2 For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

Commercial Support for the CME Activity

- 6.3 The source of all support from commercial interests must be disclosed to learners. When commercial support is 'in-kind' the nature of the support must be disclosed to learners.
- 6.4 'Disclosure' must never include the use of a trade name or a product-group message.

Timing of Disclosure

- 6.5 A provider must disclose the above information to learners prior to the beginning of the educational activity.

POLICIES RELATED TO THE STANDARDS FOR COMMERCIAL SUPPORTSM

Adding signatures to a written agreement...

The ACCME and Society's Standards for Commercial Support (SCS) require that the accredited provider sign a written agreement whenever commercial support is accepted for an activity. Sometimes the process begins with an agreement between a 'commercial interest' and another accredited provider.

The SCS imply that the accredited provider taking responsibility for the activity must go to the 'commercial interest' and execute a new written agreement – which does not, on the face of it, add value to the system.

The Society has acted to simplify the process by allowing an accredited provider to “sign on” to a previously executed written agreement. This can be accomplished through an addendum to the original agreement or a cover letter that refers to the original agreement.

An accredited provider can fulfill the expectations of SCS 3.4-3.6 by adopting a previously executed agreement between an accredited provider and a commercial supporter and indicating in writing their acceptance of the terms and conditions specified and the amount of commercial support they will receive.

Related Question and Answer

Can an accredited provider be added as a party to a written agreement for commercial support after the original agreement was executed? Yes. An accredited provider can fulfill the expectations of SCS 3.4 to 3.6 by adopting a previously executed agreement between an accredited provider and a commercial supporter and indicating in writing their acceptance of the terms and conditions specified and the amount of commercial support they will receive.

Regarding written agreements for commercial support...

In early 2007, the ACCME released the following proposed policy for comment:

A provider will be found in Noncompliance with SCS 1.1 and SCS 3.2 if the provider enters into a commercial support agreement where the commercial supporter specifies the manner in which the provider will fulfill the requirements of the ACCME's Elements, Policies and Standards.

On July 20, 2007, the ACCME adopted the above statement as ACCME policy applicable to all electronically, digitally, or manually signed written agreements executed after January 1, 2008.

The Society believes that if the CME planning process begins with the provider meeting the specifications of industry regarding how the provider fulfills the requirements of the elements of Society's requirements - then the provider is agreeing to terms and conditions stipulated by industry for how it will fulfill the ACCME and Society's requirements. Such CME would not be independent (SCS 1.1) and would not meet the expectations of SCS 3.2 of the 2004 Standards for Commercial Support. Of course, it would be perfectly appropriate for the commercial supporter to specify that the provider must be in compliance with the Standards for Commercial Support – and for the provider to agree to this provision.

The Society believes that CME providers can receive commercial support from industry without receiving any advice or guidance, either nuanced or direct, on the content of the activity or on who should deliver that content. In CME, the terms 'industry partners' and 'collaboration with industry' imply a relationship that is not consistent with the spirit of independence as articulated in the Standards for Commercial Support.

Related Questions and Answers

As more ‘commercial interests’ are moving to online and electronic commercial support application processes, is there any type of confirmation or verification regarding the written agreement for commercial support that can be used as a surrogate for a signature? Yes. The Society accepts electronic signatures as evidence that written agreements are signed.

However, a provider will be found in Noncompliance with SCS 1.1 and SCS 3.2 if the provider enters into a commercial support agreement where the commercial supporter specifies the manner in which the provider will fulfill the requirements of the Society’s Elements, Policies and Standards. (Applicable to all electronically, digitally or manually signed written agreements executed after January 1, 2008.)

Can an accredited provider be added as a party to a written agreement for commercial support after the original agreement was executed? Yes. An accredited provider can fulfill the expectations of SCS 3.4 to 3.6 by adopting a previously executed agreement between an accredited provider and a commercial supporter and indicating in writing their acceptance of the terms and conditions specified and the amount of commercial support they will receive.

What does the Society mean by ‘control’ in its expectation that a provider make certain decisions free from the ‘control’ of a ‘commercial interest’? The Society expects that the provider makes decisions related to the planning and implementation of CME activities without being directed or influenced by ‘commercial interests.’ A provider will be found in Noncompliance with SCS 1.1 and SCS 3.2 if the provider enters into a commercial support agreement where the commercial supporter specifies the manner in which the provider will fulfill the requirements of the Society’s Elements, Policies and Standards.

STATEMENT OF ACCREDITATION AMA/PRA DESIGNATION STATEMENT

The Accreditation Statement is the standard statement that must be used by all accredited institutions and organizations. There are two different statements that might be used depending on the number and relationships of the organizations involved in planning and implementing the activity:

Directly Sponsored Activity – An activity planned and implemented by a Wisconsin Medical Society accredited provider of CME.

STATEMENT OF ACCREDITATION

The [name of accredited provider] is accredited by the Wisconsin Medical Society to provide continuing medical education for physicians.

AMA/PRA DESIGNATION STATEMENT

[name of accredited provider] designates this educational activity for a maximum of [number of credits] *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Jointly Sponsored Activity – An activity planned and implemented by one accredited provider working in partnership with a non-accredited entity. The accredited provider must ensure compliance with the Wisconsin Medical Society's Accreditation Elements and Policies and therefore take responsibility for the activity as indicated in the accreditation statement.

STATEMENT OF ACCREDITATION

This activity has been planned and implemented in accordance with the Accreditation Elements and Policies of the Wisconsin Medical Society through the joint sponsorship of [name of accredited provider] and [name of non-accredited provider]. The [name of accredited provider] is accredited by the Wisconsin Medical Society to provide continuing medical education for physicians.

AMA/PRA DESIGNATION STATEMENT

[name of accredited provider] designates this educational activity for a maximum of [number of credits] *AMA PRA Category 1 Credit(s)*TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Note: CME activities that are co-sponsored (i.e., planned in collaboration with other organizations who are accredited by either the ACCME or the Wisconsin Medical Society) should use the directly sponsored activity statement, naming the one accredited provider that is responsible for the activity.

JOINT SPONSORSHIP

Definition: Activity planning and presentation in collaboration with non-accredited providers.

The accredited provider shall accept responsibility that the Society's Accreditation Elements and Policies are met when educational activities are planned and presented in joint sponsorship with non-accredited providers.

CME Providers are expected to address joint sponsorship in their mission statement. Beginning to participate in joint sponsorship represents a major change in the overall program of an accredited provider and must be reported to the Society.

A commercial interest cannot take the role of non-accredited provider in a joint sponsorship relationship. (The Society does not consider providers of clinical service directly to patients to be commercial interests.)

A provider, while on probation, may not act as a joint sponsor of continuing medical education activities with non-accredited entities, except for those activities that were contracted prior to the decision of probation. A provider that is placed on probation must inform the Society of all existing joint sponsorship relationships, and must notify its current contracted joint sponsors of its probationary status.

The accredited provider must be able to provide written documentation that demonstrates how each such jointly sponsored CME activity was planned and implemented in compliance with the Accreditation Elements and Policies. Material submitted can be from files of either the accredited provider or the non-accredited provider.

All promotional materials for jointly sponsored activities must carry the appropriate accreditation statement and designation of credit statement.

The Society maintains no policy that requires or precludes accredited providers from charging a joint sponsorship fee.

COSPONSORSHIP

If two or more accredited providers are involved in an activity, then one of them must assume responsibility for the activity and this must be clearly indicated through the use of the statement of accreditation for a directly sponsored CME activity.

DUAL ACCREDITATION

In response to concerns that some providers maintain accreditation from both the ACCME and a state medical society, the Wisconsin Medical Society Council on Medical Education adopted a policy which states that a single provider of continuing medical education may not maintain accreditation by the ACCME and the Wisconsin Medical Society at the same time. (It is recognized that short periods of overlap may occur when an accredited provider transitions from one accreditation system to the other and continues to be listed as "accredited" by both.) The procedure to be followed in implementing this policy is as follows:

When a Society accredited provider alters its function and achieves accreditation from the ACCME, that provider should promptly notify the Society, withdraw from its accreditation system, and ask to be deleted from its list of accredited providers of CME. Should an ACCME-accredited provider change its role and become accredited by the Society, ACCME should be notified and a similar procedure should be followed. Annually, the ACCME will notify state medical societies of CME providers in their states that have been awarded accreditation by the ACCME.

REQUIREMENTS FOR BROCHURES/PROMOTIONAL MATERIALS

If an educational activity contains sections that do not meet the definition of CME or are not at a level appropriate to physicians, these sections should be clearly identified and excluded from the designation of *AMA PRA Category 1 Credit™*.

The accreditation statement and designation of credit statement must appear SEPARATELY on all CME activity promotional materials and brochures distributed by accredited institutions/organizations.

However, the accreditation statement and/or designation of credit statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity like the date, location, and title. If more specific information is included, like faculty and objectives, the accreditation statement must be included.

Institutions **may not** indicate in a brochure or announcement that "AMA PRA credit has been applied for". An activity must be designated for *AMA PRA Category 1 Credit™* in advance; and may not be awarded retroactively. Brochures and announcements should state the educational objectives and the intended physician audience. The number of credits the provider deems the activity to be worth must be clearly advertised in the final

announcement. For additional guidance about brochure content, see STANDARD 4 of the Standards for Commercial Support regarding the appropriate management of associated commercial promotion.

USE OF THE WISCONSIN MEDICAL SOCIETY LOGO

Logos of the Society are approved for use only on Society documents and letterhead or in the case of approved joint sponsorship of a CME activity. The logos are prohibited for use by any other institution or organization on programs, brochures, or other promotional materials.

PHYSICIAN ATTENDANCE CERTIFICATE REQUIREMENTS

Certificates for *AMA PRA Category 1 Credit™* should only be given to physicians. Certificates should be provided after physicians complete the educational activity so they can document participation. When a physician submits a complete journal activity or an evaluation of an enduring material activity, providers must record the credit earned and provide documentation for the physician if requested. Providers should make sure that credit certificates are provided only to those who participated in the activity and completed its requirements. Certificates should only be given for the actual credit claimed and earned by the physician.

AMA PRA Category 1 Credit™ certificates for physicians should read:

The [name of accredited provider] certifies that [name of physician] has participated in the educational activity titled [title of activity] at [location, when applicable] on [date] and is awarded [number of credits] AMA PRA Category 1 Credit(s)™.

Attendance certificates for non-physicians:

Attendance certificates may be provided to all health professionals, but only physicians (MDs or DOs) should receive certificates providing *AMA PRA Category 1 Credit™*. Other health care professionals who participate in an educational activity designated for *AMA PRA Category 1 Credit™* may be given certificates documenting their attendance.

Attendance certificates for non-physician participants should read:

The [name of accredited provider] certifies that [name of participant] has participated in the educational activity titled [title of activity] at [location, when applicable] on [date]. The activity was designated for [number of credits] AMA PRA Category 1 Credit(s)™.

RECORD RETENTION

Attendance files/records: An accredited provider will have mechanisms in place to record and, when authorized by the participating physician, verify participation for six (6) years from the date of the CME activity.

Activity files/records: An accredited provider is required to retain activity files/records during the current accreditation period or for the last twelve months, whichever is longer.

INTRASTATE ACCREDITED ORGANIZATIONS SPONSORING NATIONAL OR INTERNATIONAL MEETINGS

A provider of continuing medical education that is accredited by its state medical society as an intrastate provider of CME is assumed to be serving physicians in its own geographic area (defined as the home state plus bordering states). It is not appropriate for an intrastate accredited provider to act as the CME provider for activities that are directly advertised to physicians nationally, on a regular and recurring basis. If the provider wishes to advertise its CME activities nationally it must apply to the ACCME for accreditation or seek co-sponsorship with an ACCME-accredited provider. A provider may promote its activities on a national level consistent with the 30% rule (refer to page 7).

GENERAL SURVEY INFORMATION

1. Following ACCME policy, the Society accredits institutions or organizations, NOT specific courses or other activities. Accreditation covers all organized learning activities.
2. Study this manual carefully. If you have questions, please call or write:

Stephanie Taylor, CME Coordinator
Department of Continuing Medical Education
Wisconsin Medical Society
PO Box 1109, Madison, WI 53701
(608) 442-3796 or toll-free (866) 442-3800 ext. 3796
Fax: (608) 283-5424
E-mail to stephanie.taylor@wismed.org

3. Cost of Accreditation, prices effective January 1, 2010

Fees from applicant are as follows:

- (a) First-Time Applicants Only:

Hospitals/Institutions with ≤ 60 beds	\$465
Hospitals/Institutions with > 60 beds	\$1,025
Multi-institution/Health Care Delivery Systems	\$1,600
Specialty Societies/Physician Membership Orgs/Other	\$350
County Medical Societies	\$0
- (b) Resurvey Fees:

Hospitals/Institutions with ≤ 60 beds	\$925
Hospitals/Institutions with > 60 beds	\$2,025
Multi-institution Systems/Health Care Delivery Systems	\$3,175
Specialty Societies/Physician Membership Orgs/Other	\$350
County medical societies	\$0

These fees are payable with submission of the completed application for accreditation. Component county medical societies of the Society are exempt from this fee, as this is a membership service.

(c) Annual Fees:

Hospitals/Institutions with ≤ 60 beds	\$350
Hospitals/Institutions with > 60 beds	\$580
Multi-institution/Health Care Delivery Systems.....	\$695
Specialty Societies/Physician Membership Orgs/Other.....	\$350
County medical societies.....	\$0

The Wisconsin Medical Society will charge all providers who are required to submit an annual report a late fee of \$100 if the report is returned over 30 days after the due date of March 1. This late fee will accrue at the rate of \$100 per month until the report is submitted. This late fee will be charged to all accredited providers, including multi-institution/health care delivery systems, hospitals, specialty societies/physician membership organizations/other and county medical societies.

4. Submit the completed application for accreditation and enclose the appropriate fees made payable to the **Wisconsin Medical Society** and mail to:

Department of Continuing Medical Education
Wisconsin Medical Society
PO Box 1109
Madison, WI 53701

5. Initial Survey Visit: Upon receipt of the completed application for accreditation and registration fee, the applicant will be contacted regarding the establishment of a site survey visit.
6. Site Visit Team: A survey team consisting of one or two members and/or staff of the Council on Medical Education of the Wisconsin Medical Society will be selected to conduct the survey.
7. Site Survey Visit Report: Immediately following the survey visit, the chair of the survey team will forward a report of the team's recommendations to the Wisconsin Medical Society for review by the Council on Medical Education, which meets 3-4 times a year. The Council on Medical Education will carefully review and discuss the report and make its recommendations, and will then notify the involved institution/organization and the ACCME of accreditation decisions.
8. Effective Date of Accreditation Status: Accredited status, if granted, is from the date of the Wisconsin Medical Society Council on Medical Education decision.
9. The institution will be notified well in advance when it is due for resurvey -- approximately 12-15 months prior.

The Society regards the accreditation site visit as a voluntary, information seeking activity and does not consider it to be an adversarial process. Consequently, it does not permit attorneys to attend or participate as legal counsel for providers in on-site or reverse-site visit proceedings. If a provider disagrees with an adverse decision² made by the Wisconsin Medical Society Council on Medical Education regarding its accreditation status, it may follow the procedures for reconsideration and appeal. Legal counsel may participate in the appeal process.

² For definition see procedures for reconsideration and appeal of adverse accreditation decisions.

Initial surveys will be conducted on-site; surveys for continued accreditation may be “on-site” or “reverse-site” surveys at the discretion of the Society. Reverse site surveys take place at the Wisconsin Medical Society headquarters located in Madison, WI.

The Society may re-evaluate an institution/organization at any time less than the period specified for resurvey if information is received from the institution/organization itself, or from other credible sources, which indicates it has undergone substantial changes and/or may no longer be in compliance with the Accreditation Elements and Policies. When and if alleged deficiencies are confirmed, a resurvey will be scheduled, at the prevailing fee, to review and make a recommendation regarding the continued accreditation status of the entity. The Society has, for reasonable cause, the authority to call for an on-site survey at any time.

On-site surveys **must** be conducted under any of the following conditions:

1. At the next review of a provider placed on probation.
2. When there is a significant change in the provider’s ownership, mission, or volume of CME activities. The on-site survey may be conducted at the next scheduled review or immediately.

On-site surveys **may** be conducted under any of the following conditions:

1. As a result of the review of a complaint/inquiry. The on-site survey may be conducted at the next scheduled review or immediately.
2. Whenever a provider has had significant difficulties in demonstrating compliance with one or more of the Accreditation Elements and Policies during a review. The on-site survey may be conducted at the next scheduled review or immediately.
3. Whenever there is insufficient information following a reverse-site survey on which to make an accreditation recommendation. In this case, the Society would recommend that an on-site survey be conducted immediately and would defer a recommendation on accreditation.

In those instances when an on-site survey for continued accreditation is either directed or requested, the travel and related surveyors’ expenses will be paid by the institution/organization, in addition to the survey fee. [See Fees and expenses for Hospitals/Institutions]

When the corporate structure of an accredited provider is altered by an acquisition, merger, or dissolution, action will be taken if the Society determines that the governing body to which the CME unit reports has either been merged or been newly created, and/or the sources of funds and budget approval have changed. The action will be that a survey will be required within six months and will be limited to collecting evidence that the accredited CME mission has been affirmed; and there is verification of continued fiscal adequacy and staffing appropriate to the mission. If the evidence collected does in fact indicate that the CME mission has been affirmed and that there is continued fiscal adequacy and staffing then the results of the survey will be: a declaration of the new name of the accredited providers; and continued accreditation for the specified term. However, if the results of the limited survey determine that there is not fiscal adequacy and/or that staffing is inappropriate or unknown, and/or a new mission statement has been developed then a full survey will be required.

The Society must be notified of voluntary withdrawals of accreditation. No refunds will be given for annual fees collected from providers requesting voluntary withdrawal, and feedback shall be sought concerning the reasons for withdrawal of accreditation.

INITIAL SURVEY INFORMATION

As part of the initial application process, a provider seeking accreditation must fulfill two requirements with respect to its on-site survey location. It must have a survey at its administrative offices and it must have a continuing medical education activity monitored. There is no prescribed order for the two requirements, but the first survey must take place prior to provisional accreditation, and both requirements must be completed prior to full accreditation. Initial surveys will be conducted on-site.

RESURVEY INFORMATION

Guide to the Wisconsin Medical Society Reaccreditation Process

The reaccreditation process involves four steps:

- Data Collection
- Data Review and Analysis
- Decision Making
- Notification of the Provider

Most resurveys are conducted onsite. Certain providers due for resurvey may choose to have a reverse site survey at the discretion of the Council.

Providers will be notified approximately 12-15 months prior to being due for resurvey via a letter from the Society. Should the provider wish to reapply for accreditation, included with the letter will be instructions for the Self Study (hard copy as well as online downloads), an invoice for the survey fee and the provider's accreditation summary from the last accreditation survey to assist in the review of strengths and weaknesses noted at that time.

Also enclosed will be a fax form asking providers to select two dates that fall within two months of the expiration of their current term of accreditation. To assist in determining a survey date, the institution should have a CME activity planned on the day of the survey for the survey team to monitor.

Data Collection

Upon receipt of the fax form with the provider's choice of survey dates to the Wisconsin Medical Society CME Department, a survey team consisting of one or two members and/or staff of the Wisconsin Medical Society Council on Medical Education will be selected to conduct the survey. Providers will be notified of the date selected, informed of the date the Self Study is due to the CME Department (six weeks prior to survey date), and given a suggested site survey schedule including details of what persons should be available for the site survey. The site survey/review of Accreditation Elements and Policies requires at least two hours. The survey team will also observe a CME activity scheduled on that day.

Data Review and Analysis

At the time of the survey, all activity files since the last survey should be available for review.

Besides the completed Self Study, providers are expected to have the following information prepared for the survey team at the time of the survey:

- Documentation of the most recently approved CME mission statement.
- Evidence of established procedures for identifying and analyzing professional practice gaps of the medical staff or physician audience (minutes from the appropriate planning meetings would help to show this). If a survey instrument was used to determine the educational needs that underlie the practice gaps, a summary of the results should be available for the survey team.

- Evidence of a purpose and/or objectives for each CME activity and how these are made known to the medical staff attendees or physician audience (copies of announcements may be used to show this).
- Evidence demonstrating how each activity is evaluated (copies of evaluation sheets or summaries may be used to show this).
- Evidence that shows how, and to what extent, the provider is fulfilling its CME mission
- Documentation showing the administrative support for the CME program, including an adequate budget allocated for CME programs.
- Demonstration of compliance with the Standards for Commercial Support (includes faculty and planner disclosures and identification/resolution of conflicts of interest).
- Evidence of control of all jointly sponsored CME activities (if applicable).
- Evidence of control of enduring materials, internet-based CME and journal CME as applicable.
- Evidence of an effective monitoring system for regularly scheduled conferences (see page 50 for full text regarding regularly scheduled conferences).

Providers who are to participate in reverse site interviews will be assigned interview times to best maximize the effectiveness and efficiency of the Wisconsin Medical Society Council on Medical Education meeting schedule.

“On-site” resurveys may occur at sites other than the provider’s administrative or educational offices if the provider is able to provide the surveyors with 1) all records or files that will be needed; 2) the opportunity to interact with the CME principals of the applicant; and 3) appropriate meeting rooms in which to conduct their survey work. The provider must agree prior to the on-site resurvey that if for any reason the surveyors determine that they will be unable to thoroughly assess the provider’s compliance with the Accreditation Elements and Policies, then a second “on-site” resurvey at their offices will be scheduled within 60 days and will be conducted at the expense of the provider.

Data from an accredited provider’s Annual Report(s), previous survey reports and interval monitoring instruments will be included in the materials provided to the Society’s survey team and to the Council on Medical Education for the consideration of that provider’s accreditation decision.

If a provider scheduled for re-accreditation review cannot meet the Society’s schedule for submission of Self Study and site survey, then the accreditation term may be extended once, by a maximum of 90 days, in order to complete these steps in time for the next regular meeting of the Wisconsin Medical Society Council on Medical Education. The accreditation status of a provider will automatically revert to non-accreditation at the end of their accreditation term unless the Society has taken action to extend their term of accreditation, or a new accreditation decision has been rendered by the Council.

If the Society is informed that a site surveyor is unable to participate in a scheduled survey and all attempts to obtain another surveyor of equal qualifications have failed, the Society’s staff is at liberty to use discretion to resolve the situation. Such remedies might include, but are not limited to, having only one surveyor on-site, or the use of Society staff as the assisting survey team member. Such exceptions to normal survey protocol will only be allowed with the consent of the provider. The provider reserves the right to request that the survey be rescheduled.

Council Review and Decision Making

Following the survey visit, the chair of the survey team will forward a report of the team's recommendations to the Wisconsin Medical Society for review by the Council on Medical Education, which meets approximately four times a year.

The Council on Medical Education will carefully review and discuss the report and make its accreditation decision.

Feedback to Provider, Monitoring and Reporting

The Council on Medical Education will notify the involved institution/organization and the ACCME of the accreditation action within four weeks of the decision.

Accredited status, if granted, is from the date of the Council decision.

Areas of non-compliance will be referenced to the appropriate Accreditation Elements and Policies. In addition, strengths and weaknesses will be highlighted in the cover letter accompanying the provider survey report.

Providers are reminded that significant changes, i.e., change of director or commencement of joint sponsorship, should be reported to the Society as they occur and documented in the annual report.

A provider placed on probation should provide information to the Society on all existing joint sponsorship relationships. The provider must notify its current contracted joint sponsors of its probationary status.

ANNUAL REPORTING AND MONITORING

The annual report is designed to gather current information regarding the administration and activity of the accredited provider's CME program, such as changes in personnel, policies and procedures since the previous survey/review of their organization. The annual report includes data collection required by ACCME. Each accredited provider will be sent an Annual Report form (or provided a Web site address to obtain the form), for completion and return to the Society by March 1 of the same year in order for the provider to maintain their accreditation status.

The Wisconsin Medical Society will charge all providers who are required to submit an annual report a late fee of \$100 if the report is returned over 30 days after the due date of March 1. This late fee will accrue at the rate of \$100 per month until the report is submitted. This late fee will be charged to all accredited providers, including multi-institution/health care deliver systems, hospitals, specialty societies/physician membership organizations/other and county medical societies.



Wisconsin Medical Society
Your Doctor. Your Health.

**CONTINUING MEDICAL EDUCATION
SAMPLE ANNUAL REPORT**

Please provide our database the following information.

Name of accredited organization	
---------------------------------	--

CME Director

(Check here if the contact person for Society communication)

Name	
Title	
Address	
Telephone number	
Fax number	
e-mail address	

Individual within the CME unit with administrative responsibility for the CME unit

(Check here if the contact person for Society communication)

Name	
Title	
Address	
Telephone number	
Fax number	
e-mail address	

Chief executive officer/Chief of Staff of accredited organization.

Name	
Title	
Address	
Telephone number	
Fax number	
e-mail address	

Please provide the following information about your CME activities, indicate N/A if information is not applicable to your organization.

Type of activity	Number of			
	<i>Activities</i>	<i>Hours of Instruction</i>	<i>Physician Participants</i>	<i>Non-Physician Participants</i>
DIRECTLY SPONSORED				
Live				
Courses				
Regularly scheduled series (count each series as 1)				
Internet				
Test Item Writing				
Committee Work				
Performance Improvement				
Internet Searching & Learning				
Manuscript Review				
Learning from Teaching				
Enduring Materials				
Internet				
Others				
Journal-Based CME				
<u>Subtotal, Directly Sponsored</u>				
JOINTLY SPONSORED				
Live				
Courses				
Regularly scheduled conferences				
Internet				
Test Item Writing				
Committee Work				
Performance Improvement				
Internet Searching & Learning				
Manuscript Review				
Learning from Teaching				
Enduring Materials				
Internet				
Others				
Journal-based CME				
<u>Subtotal, Jointly Sponsored</u>				
Total for all activities				
INCOME & EXPENSE: Summarize for the CME unit for the last complete fiscal year. Please enter values rounded to the nearest dollar. If you do not have available data, write N/A in the space.				
Total amount of commercial support (financial, or in-kind, contributions given by a commercial interest)				\$
Total advertising and exhibit income received				\$
Total income received from other sources (internal allocations, registration fees, government grants, etc.)				\$
Total expenses of your CME unit				\$

1. If the Wisconsin Medical Society's Council on Medical Education cited weaknesses and/or recommendations for improvement at the time of your last survey, how have you responded to these recommendations? (Please refer to the last award letter sent to your organization for these recommendations. Use a separate sheet if necessary.)

2. Have there been any major changes in your CME committee, program, or CME support personnel in the past twelve months? If so, please detail the changes. (Use a separate sheet if necessary.)

3. List the names of any organizations which you have jointly sponsored activities during the past twelve months.

Date	Activity Title	Institution Requesting Joint Sponsorship

4. Do you have any suggestions for improvement of the Wisconsin Medical Society's CME Accreditation Program or information on how we may better support your organization's CME program? Please comment.

Report due March 1, 201_ (Please note: a late fee will be charged for all reports returned over 30 days after the due date of March 1. This late fee will accrue at the rate of \$100 per month until the report is submitted.)

****Please return to:
 Wisconsin Medical Society
 Council on Medical Education
 PO Box 1109
 Madison, WI 53701**

PROCEDURES FOR PROCESSING COMPLAINTS/INQUIRIES CONCERNING INTRASTATE CME PROVIDERS

The following outline is a guide for processing complaints/inquiries received by the Wisconsin Medical Society Council on Medical Education which indicate that an accredited CME Provider may not be in compliance with the Accreditation Elements or Policies or may not follow established accreditation policies with regard to one or more of its activities:

1. All complaints considered under this procedure must be received in writing. The Wisconsin Medical Society CME staff will review the complaint/inquiry to determine whether it relates to the manner in which the intrastate CME Provider complies with the Accreditation Elements or Policies or follows established accreditation policies.
 - a. If the complaint/inquiry is judged not to relate to compliance with Accreditation Elements or Policies or to established accreditation policies, the person initiating the complaint shall be notified by the Wisconsin Medical Society.
 - b. If the complaint/inquiry is judged to be related to compliance with the Accreditation Elements or Policies or to established accreditation policies, the following shall be observed:
 - (1) The confidentiality of the complaining/inquiring party shall be protected.
 - (2) The complaint will be included on the agenda of the next regular meeting of the Council on Medical Education, and the Council will determine whether an investigation and report is warranted. If warranted, the report will be included on the following Council agenda, and will include the following:
 - (a) The inquiry letter from the Wisconsin Medical Society to the CME provider.
 - (b) The CME provider's response to the Society inquiry letter (including copies of relevant documentation).
2. Upon receipt of the report, the Council will determine whether additional information is necessary, or whether the information submitted is adequate. The CME provider will be notified of the Council's decision. In addition, the complaining party will be notified of the final disposition of the complaint.

The length of time during which an accredited CME provider must be accountable for any complaints/inquiries received by the Council is limited to twelve months from the date of the activity, or in the case of a series, twelve months from the date of the activity which is in question.

PROCEDURES FOR RECONSIDERATION AND APPEAL OF ADVERSE ACCREDITATION DECISIONS

A reconsideration of an adverse accreditation decision may occur when an organization feels that the evidence it presented to the Council justifies a different accreditation decision. Adverse accreditation decisions are defined as decisions of Probation or Non-Accreditation and may be reconsidered by the Council as follows:

1. Reconsideration
 - a. The decision by the Wisconsin Medical Society Council on Medical Education to deny or withdraw accreditation or to place a provider on probation, hereinafter referred to as an "adverse accreditation decision," shall be transmitted promptly to the hospital or organization in a notification letter (via certified mail with return receipt requested) which shall include the basis for the decision and inform the institution of the right to request reconsideration. A written request for reconsideration, timely filed (within thirty calendar days of receipt of letter), shall automatically stay the adverse accreditation decision until the reconsideration is completed. The accreditation status of the institution, during the process of reconsideration, shall remain as it was prior to the adverse accreditation decision.
 - b. A written request for reconsideration shall be submitted to the chair of the Council on Medical Education by a hospital or organization within thirty (30) calendar days of receipt of the letter of notification of the adverse accreditation decision, and shall specify the reasons for requesting reconsideration. Otherwise, the decision made by the Council becomes final.
 - c. The information upon which reconsideration is based must be that which pertained to the institution or entity at the time of the survey and the initial consideration of the application by the Council. Documentation to be reviewed by the Council includes, but is not limited to, the self-study, correspondence between the Council and the accredited institution or entity, surveyor notes and data collection instruments prepared by the survey team and any materials given to the survey team on site by the accredited institution or entity. New information, whether data subsequent to the survey and initial review or information representing changes in the program following an adverse accreditation decision, will not be considered by the Council. Hospitals or organizations in which substantial changes have occurred subsequent to the initial survey and review should submit these changes as part of a new application for evaluation and accreditation of the hospital or organization, rather than as part of a request for reconsideration.
 - d. A reconsideration request shall be placed on the agenda for review and decision at the first meeting of the Council following receipt of the request. Following the meeting at which the reconsideration occurs, the hospital or organization will be promptly notified (via certified mail with return receipt requested) of the Council's decision and of its right to appeal.

2. Appeal Hearing

- a. If, following the reconsideration, the Council on Medical Education sustains its initial action, the hospital or organization may request a hearing before an appeal board. If a written request for such a hearing is not received by the chair of the Council within thirty (30) days following the date of receipt of the letter of notification of the sustained adverse accreditation decision after reconsideration by the Council, the decision of the Council will be final. The request for a hearing shall include a statement of reasons for the appeal. Appeals may be based only on the ground(s) that the Council's decision was (1) arbitrary, capricious, or otherwise not in accordance with the accreditation standards and procedures of the Council on Medical Education, or (2) not supported by substantial evidence.

The accreditation status of the hospital or organization, during the process of appeal, shall remain as it was prior to the adverse accreditation decision.

- b. The appeal board shall be composed of a representative of the Wisconsin Medical Society Board of Directors who is appointed by the Chairman of the Board, a non-voting member of the Council on Medical Education, selected by the chair of the Council, who shall serve as chair of the appeals board, and four members appointed by the following procedure:

A list of seven (7) individuals representing accredited institutions in Wisconsin who are qualified and willing to serve as members of an appeal board, shall be prepared by the chair of the Council on Medical Education. This list of seven, none of whom are current members of the Council on Medical Education, shall be sent by certified mail, return receipt requested, to the appellant which may eliminate up to two (2) names from the list and shall notify the chair of his/her selections within ten (10) days of their receipt of the list. The chair shall then select four (4) individuals from the names remaining on the list who shall constitute the appeal board, and shall notify the appellant by certified mail, return receipt requested, of the persons selected.

- c. Hearings, requested in conformity with these procedures, shall take place no later than sixty (60) calendar days following the appointment of an appeal board.

At least forty-five (45) calendar days prior to the hearing, the appellant shall be notified of the time and place of the hearing as determined by the Council. The appellant has the right to request and obtain the information in the appellant's file on which the Council's actions were taken. Any additional information supplied by the appellant must be for purposes of clarification only and cannot describe new components of the hospital or organization or changes made subsequent to the initial action.

Written statements may be submitted to the appeal board prior to the hearing, at the hearing, or up to fourteen (14) calendar days following the hearing, provided that a formal request to submit such statements is made to the appeal board.

- d. At any hearing before the appeal board, the representatives of the appellant may be accompanied by counsel, make oral presentations, offer testimony, and present such information as the appellant deems proper to support the appeal. The appellant may

request that a representative of the Council appear as a witness to be examined with respect to the subject of the appeal. The appellant, at least thirty (30) calendar days prior to any such hearing, shall request in writing the presence of a representative.

- e. The hearing need not be conducted according to the rules of law relating to the examination of witnesses or the presentation of evidence. The purpose of the hearing is to assemble as much information as practicable regarding all material aspects of the appeal, and the appeal board shall be entitled to take into account any such information of the type normally relied upon by individuals of reasonable prudence in the conduct of important personal matters. The appeal board shall make all determinations on procedural matters and all determinations on the admissibility of information sought to be presented.
- f. The record of survey and review, together with formal presentations at the hearing, the transcript of proceedings of the hearing, and statements submitted under the provisions outlined above, shall be the basis for the findings of the appeal board.
- g. Within thirty (30) calendar days of the hearing, or the receipt of written statements, whichever is later, the appeal board shall submit an opinion on the accreditation status of the appellant. The decision by the appeal board as to the accreditation status of the hospital or organization shall be final, and the Wisconsin Medical Society Board of Directors and the Council on Medical Education shall be notified of such decision.
- h. Expenses of the appeal board, including the cost of creating a transcript, shall be the responsibility of the appellant. The expenses of the witnesses requested by the appellant shall be the responsibility of the appellant. The expenses of the representatives of the Council and Wisconsin Medical Society Board of Directors, who appear at the request of the Council, shall be borne by the Council; expenses of any representative of the Council, who appears at the request of the appellant, shall be the responsibility of the appellant.

SURVEYOR TRAINING

The process used for surveyor training will include 1) attendance of at least one Council on Medical Education meeting prior to a site survey, 2) review of the Policy and Procedure manual and 3) observation of a minimum of two site surveys with a trained, established surveyor. Council review of accreditation survey reports serves as peer review of a new surveyor. Follow-up evaluations are mailed to each provider after the site survey as another method of surveyor review. Vignettes and simulated situations that are discussed at Council meetings serve to maintain the competency of surveyors. All surveyors, especially new members of the Council, are encouraged to attend ACCME accreditation workshops and the Council's "It's Essential" bi-annual educational conferences.

SURVEYOR CONFLICT OF INTEREST

Surveyors conducting an accreditation survey of an institution/organization may not participate in a survey in which the surveyor has a potential conflict of interest.

Surveyors cannot have been appointees or employees of, or consultants to, the provider institution for at least two accreditation cycles. Surveyors may not accept a survey assignment if they have relatives who are appointees or employees of the provider institutions. Surveyors whose participation in an accreditation survey may give rise to a conflict of interest or the appearance of a conflict of interest may not accept assignments. It is inappropriate for providers or applicants to request specific surveyors. Providers may request, in writing, that one or both surveyors be removed from the survey team. Rationale for requests for substitution of surveyors cannot be based on discriminatory factors such as race, gender, age, or provider's opinions about the surveyor. The rationale to substitute a surveyor due to a conflict of interest must be based solely on the relationship between the provider and the surveyor.

Council on Medical Education members shall abstain from voting on the accreditation status of an institution where there is a potential conflict of interest.

SURVEYOR EVALUATION

The information contained in surveyor evaluations completed by CME providers will be held in the strictest of confidence and will not be provided to the members of the survey team, or any decision makers of the accreditation process, until after a final decision has been reached on the status of the application.

ENDURING MATERIALS/JOURNAL BASED CME

The following GUIDELINES are intended to assist providers to comply with the Society's Accreditation Elements and Policies of continuing medical education as they pertain to enduring materials.

Definition

An enduring material is a non-live CME activity that "endures" over time. Typically they are printed, recorded, or computer-assisted instructional materials that may be used wherever/whenever, which, in themselves, constitute a planned activity of continuing medical education. Examples of such materials for independent learning by physicians include: programmed texts, audiotapes, CD-ROM/Jumpdrive, and computer-assisted instructional materials that are used alone or in combination with written materials. Not included are "reference materials" such as books, journals (unless otherwise specified), or manuals.

Enduring materials must comply with all Society Essential Areas and Elements (including the Standards for Commercial Support) and Accreditation Policies. However, there are special communication requirements for enduring materials because of the nature of the activities.

Because there is no direct interaction between the provider and/or faculty and the learner, the provider must communicate the following information to participants so that they are aware of this information prior to starting the educational activity:

1. Principal faculty and their credentials;
2. Medium or combination of media used;
3. Method of physician participation in the learning process;
4. Estimated time to complete the educational activity (same as number of designated credit hours);
5. Dates of original release and most recent review or update; and
6. Termination date (date after which enduring material is no longer certified for credit).

Specific information communicated to learners...

Society policy requires that specific information be communicated to learners prior to the start of the activity – the learners can integrate this important information into their decisions about participating in the activity and about how to use the information they are receiving. Although formats for the delivery of education might vary, the requirement that this information be communicated is consistent across formats. For over a decade, the Society has required that providers communicate the following specific information to learners before the learners start engaging with CME.

<p><i>For all CME activities (e.g., journal-based CME, live activities, web-based activities)</i></p> <ul style="list-style-type: none"> • Society accreditation statement • Purpose or Objectives • Financial relationship information • Name of Commercial supporter(s) 	<p><i>And <u>in addition</u>, in enduring materials</i></p> <ul style="list-style-type: none"> • Principal faculty and their credentials • Medium or combination of media used; • Method of physician participation in the learning process; • Estimated time to complete the educational activity (same as number of designated credit hours); • Dates of original release and most recent review or update; and • Termination date (date after which enduring material is no longer certified for credit).
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It is the intention of the Society that all this information be transmitted (not just be accessible) to the learner prior to the learner engaging in the CME activity. Modern formats of CME provide the opportunity to make the information accessible, but also avoidable, by the learner. For example, on the Internet a learner can be at the first screen of an activity with all of the information accessible by clicking a ‘tab’ – but at the same time the learner can avoid the information by clicking ‘next’ to proceed through the CME activity – without ever seeing the information.

The Society has addressed this issue in the past in other formats. The Society has said that providers are out of compliance with the disclosure requirements if they simply tell learners, “Disclosure information is available at the registration desk if you want to review it.” It is the Society’s intent that the learner actually be presented with the information and that reasonable opportunity (e.g., time) be afforded to the learner to review the information.

The Society has adopted the following policy to ensure that the required information is also transmitted to the learners in activities in which the learner participates electronically.

For CME activities in which the learner participates electronically (e.g., via Internet, CD-ROM, satellite broadcasts), all required Society information must be transmitted to the learner prior to the learner beginning the CME activity. (All new CME activities released on or after January 1, 2008 must conform to this policy. Existing CME activities that are reviewed and re-released after January 1, 2008 must conform to this policy.)

Related Question and Answer

If a live activity is turned into an enduring material, do faculty disclosure and acknowledgement of commercial support still need to be made? The enduring material, the new CME activity, must demonstrate compliance with all applicable Society requirements, including faculty disclosure and acknowledgement of any commercial support. For CME activities including those in which the learner participates electronically (e.g., via Internet, CD-ROM, satellite broadcasts), all required information must be transmitted to the learner prior to the learner beginning the CME activity. All new CME activities released on or after January 1, 2008 must conform to this policy. Existing CME activities that are reviewed and re-released after January 1, 2008 must conform to this policy.

Guidelines

1. Beginning to participate in enduring materials represents a major change in the overall program of an accredited provider and must be reported to the Society.
2. Design and use of enduring materials must be consistent with the provider's overall CME mission and must be described as being within the scope of the provider's CME efforts.
3. Enduring materials must be based upon identified CME needs of given target groups of physicians.
4. The provider must develop objectives and/or establish a stated purpose for each item of enduring material and must communicate these to the prospective participants.
5. The medium, or combination of media, chosen by the provider must be consistent in content and method with the stated objectives or purpose. The overall length of the recorded materials and estimated study time for completing the activity should be specified. A statement should be displayed that the CME activity was planned and produced in accordance with the Society's Accreditation Elements and Policies.
6. Every provider must evaluate each unit of enduring material at least once every three years, or more frequently if indicated by new scientific developments. The provider must demonstrate that findings from the evaluation process are used to revise, update, or plan future versions of the enduring materials. The date of original release must be prominently displayed, along with the most recent date of review and revision or approval, if applicable.
7. Providers of enduring materials must have a mechanism to record and, when authorized by the participating physician, to verify participation.
8. In instances of Joint Sponsorship, an accredited provider must assume ongoing responsibility for the planning, proper use, and evaluation of the CME activity. Planning includes identification of the target physicians, the educational needs to be addressed, the appropriate objectives or stated purpose, educational content, selection of media and faculty, and the production quality. Proper use includes marketing, distribution, and establishing the conditions for effective participation.
9. Accredited providers may not enlist the assistance of commercial interests to provide or distribute enduring materials to learners.
10. Society policy does not require 'post-tests' for enduring materials. The Society records retention policies do, however, require participants to verify learner participation and evaluate all CME

activities. So, accredited providers often choose to include a post-test in their enduring material activities as a way to comply with those two requirements.

11. Sometimes providers will create an enduring material from a live CME activity. When this occurs, the Society considers the provider to have created two separate activities – one live activity and one enduring material activity. Both activities must comply with all Society requirements, and the enduring material activity must comply additionally with all Society policies that relate specifically to enduring materials.

Commercial Acknowledgment in Enduring Materials

This policy shall apply to all enduring materials:

1. Product specific advertising of any type is prohibited in enduring materials.
2. Commercial support must be acknowledged in printed materials such as the promotional flier, syllabus or study guide.
3. This acknowledgment must be placed only at the beginning of the enduring material.
4. The institutional acknowledgment may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they do not promote a specific product or device.

Journal Based CME Activities:

The "activity" in a journal-based CME activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase [that may include reflection, discussion, or debate about the material contained in the article(s)] and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process.

Educational content must be within the definition of continuing medical education and comply with the Society's Accreditation Elements, including the Standards for Commercial Support, and accreditation policies.

The activity in a journal-based CME activity is not completed until the learner documents participation in that activity to the provider.

In any journal-based CME activity, the learner should not encounter advertising within the pages of the article(s) or within the pages of the related questions or evaluation materials.

Regarding journal-based CME...

In 2007, ACCME released the following proposed policy for comment:

"The ACCME considers the following to be elements of a journal-based CME activity: information required to be communicated before an activity; CME content; content-specific post-tests; education evaluation. Therefore, there cannot be any product-promotion material or product-specific advertisement of any type within, or between, these elements of a CME activity."

This proposal supplemented ACCME policies already in place for several years that state: “A journal-based CME activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s)) and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process. The educational content of journal CME must be within the ACCME's Definition of CME. Journal CME activities must comply with all ACCME Essential Areas and Elements (including the Standards for Commercial Support) and Accreditation Policies. Because of the nature of the activity, there are two additional requirements that journal CME must meet: 1) The ACCME does not consider a journal-based CME activity to have been completed until the learner documents participation in that activity to the provider. 2) The learner should not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials. (ACCME, 1992)” “...for print [CME], advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity (ACCME Standards for Commercial Support, 2004.)”

On July 20, 2007, after consideration of feedback received through the call-for-comment, the ACCME decided not to change or add to current policy. The ACCME has chosen instead to clarify current policy.

The ACCME considers information required to be communicated before an activity (e.g., disclosure information, disclosure of commercial support, objectives), CME content (e.g., articles, lectures, handouts, and slide copies), content-specific post-tests, and education evaluation all to be elements of a journal-based CME activity. (Effective immediately.)

The ACCME will ensure, through the ACCME accreditation process and education initiatives, that these elements of a CME activity do not contain any advertising, trade names or product group messages. The juxtaposition of some advertising between components (or elements) continues to be permitted. Providers should review the ACCME Standards for Commercial Support in this regard.

INTERNET CME/HOME PAGE

Society accredited providers are allowed to list CME activity information, descriptions, and advertisements on a “home page” on the Internet. Society accredited providers, however, are prohibited from advertising their CME activities, or disseminating descriptions or advertisements to a national audience via the Internet or through services that list on the Internet.

INTERNET

Live or enduring material activities that are provided via the Internet are considered to be “Internet CME.” Internet CME must comply with all Society Accreditation Elements (including the Standards for Commercial Support) and Policies. However, there are special requirements for Internet CME because of the nature of the activities:

Activity Location: Society accredited providers may not place their CME activities on a pharmaceutical or device manufacturers' product website.

Some accredited providers are using the information technology resources of 'commercial interests' as the delivery mechanisms for accredited CME. Some accredited providers are contracting with 'commercial interests' as vendors of CME distribution services (e.g., web sites) and are accepting these services as 'in-kind' commercial support. Under these circumstances, the CME content is in the control of 'commercial interests,' is being distributed by 'commercial interests,' and is not separated from promotional and product materials of the commercial website.

These circumstances are contrary to the spirit, and the requirements, of the ACCME Standards for Commercial Support as "the CME content is in the control of 'commercial interests'" (SCS 1.1) or "is being distributed by the 'commercial interest'" (SCS 4.5).

The ACCME has taken action to modify ACCME policy regarding CME delivered electronically. The ACCME has changed the section on activity location within its "Internet CME Policy."

Accredited providers may not place their CME activities on a website owned or controlled by a 'commercial interest'. (All new CME activities released on or after January 1, 2008 must conform to this policy. Existing CME activities that are reviewed and re-released after January 1, 2008 must conform to this policy.)

Links to Product Websites: With clear notification that the learner is leaving the educational website, links from the website of an Society accredited provider to pharmaceutical and device manufacturers' product websites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity.

Advertising: Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads. For computer based CME activities, advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content.

Hardware/Software Requirements: The accredited provider must indicate, at the start of each Internet CME activity, the hardware and software required for the learner to participate.

Provider Contact Information: The accredited provider must have a mechanism in place for the learner to be able to contact the provider if there are questions about the Internet CME activity.

Policy on Privacy and Confidentiality: The accredited provider must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CME activities it provides on the Internet.

Copyright: The accredited provider must be able to document that it owns the copyright for, or has received permissions for use of, or is otherwise permitted to use copyrighted materials within a CME activity on the Internet.

REIMBURSEMENT OF SITE SURVEY TEAM

When a specialty society or county medical society requests the survey team to perform a site survey visit, as opposed to the survey taking place at the Wisconsin Medical Society prior to a Council meeting, the society will be invoiced for survey team expenses, as well as the \$250 stipend paid to the team chair, and \$150 stipend paid to the team assistant. For all other CME providers, the survey team member expenses are included in the survey fee.

Each year an invoice in the amount of the prevailing Society annual fee will be sent to each accredited provider. Payment in the full amount of the fee must be received by the Society by March 1 of the year in order for the provider to maintain its accreditation status.

In those instances when an on-site survey for continued accreditation is either directed or requested, the travel and related surveyors' expenses will be paid by the institution/organization, in addition to the survey fee.

PHYSICIAN CME REQUIREMENTS IN THE STATE OF WISCONSIN AMA PRA CATEGORY 1 CREDIT™

Physicians with an MD degree who are licensed in the State of Wisconsin are required by the State Medical Examining Board (MEB) to obtain thirty (30) *AMA PRA Category 1 Credits™* or AOA credits every biennium. Physicians with a DO degree who are licensed in the State of Wisconsin are required to obtain thirty (30) credits every biennium. This biennium cycle is from January 1 to December 31 in odd numbered years (i.e., 2009)*. Physicians are required to sign an attestation statement with license renewal stating they have obtained the required amount of credits. Approximately 5% of all licensed physicians will be randomly audited to provide documentation of the credits earned. The MEB suggests physicians keep copies of all attendance certificates for at least the last two years. To contact the MEB, please refer to our resources page. **NOTE: If you have done 3 consecutive months of ACGME approved training during a biennium a physician may count this as his/her 30 credits of AMA PRA Category 1 Credits™.** For the full statute please go to: <http://www.legis.state.wi.us/rsb/code/med/med013.pdf>

***Important Renewal Change for DO Physicians Only:** (NOTE: MD Physicians renewal date remains 10/31/odd) Wisconsin Act 28, of the State Budget Bill has changed the renewal date. This change occurred due to the creation of a new appropriation for all Medical Examining Board related professions. In order for the Department to implement the "new" date, the renewal fee and continuing education hours have been pro-rated based on the beginning date of the "new" two year cycle.

Current Renewal date: 10-31-09

CE required as of 10-31-09: 30 hours

New Renewal Date: 2-28-12 (even year)

Pro-Rated CE hours required for New Date: 35 hours

DO Physicians only - Please Note: For the biennium that begins November 1, 2009 and ends February 28, 2012, you will be required to complete 35 hours of continuing education. Thereafter, the biennia will run

from 3/1/even to 2/28/even and 30 hours will be required. Your renewal and CE deadline dates will both be 2/28/even.

MD Physicians only - Please Note: Your renewal date remains 10/31/odd and your CE deadline date remains 12/31/odd.

LEARNING ACTIVITIES ACCEPTABLE FOR AMA PRA CATEGORY 1 CREDIT™

Many formats are appropriate for CME activities, including:

- Lecture Series
- Grand or teaching rounds
- Departmental scientific meetings
- Seminars
- Workshops
- Clinical preceptorships/traineeships
- Personalized CME or "mini-residencies"
- Multimedia self-instruction programs
- Journal reading, the use of enduring materials and internet-based activities
- Test item writing
- Manuscript review for journals
- Performance improvement
- Internet point of care learning

Periodic activities, such as a lecture series or grand or teaching rounds, can be planned and presented systematically so that over a designated period of time, they cover the significant areas of a subject.

The Society accepts the American Medical Association's interpretation that the topic of "coding/reimbursement" fits within the definition of CME.

The American Medical Association (AMA) offers many alternative methods for earning *AMA PRA Category 1 Credits™* not designated by an accredited CME provider. Physicians should apply for PRA credit directly from the AMA by contacting (312) 464-4664 or <http://www.ama-assn.org/ama/pub/about-ama/awards/ama-physicians-recognition-award.shtml>. Providers accredited by the Society cannot award local credit for such activities. Providers may only designate credit for activities they directly or jointly sponsor.

REGULARLY SCHEDULED SERIES (RSS)

The Society defines "regularly scheduled series", as weekly or monthly CME activities that are primarily planned by and presented to the provider's professional staff. Providers that furnish these types of activities must describe and verify that they have a system in place to monitor these activities' compliance with the Accreditation Elements (including the Standards for Commercial Support) and Policies. The monitoring system must:

1. Be based on real performance data and information derived from the RSS that describe compliance, and
2. Result in improvements when called for by this compliance data, and
3. Ensure that appropriate Letters of Agreement (LOA) are in place whenever commercial funds are contributed in support of CME.

Also, the provider is required to make available and accessible to the learners a system through which data and information on a learner's participation can be recorded and retrieved. The critical data and information elements include: learner identifier, name/topic of activity, date of activity, hours of credit designated or actually claimed. The Society limits the provider's responsibility in this regard to "access, availability and retrieval." Learners are free to choose not to use this available and accessible system.

LANGUAGE OF THE "WISCONSIN MEDICAL SOCIETY PRESS RELEASE"

This language should be used by providers for that purpose only.

FOR IMMEDIATE RELEASE

The (name of accredited provider) has been (re)surveyed by the Wisconsin Medical Society Council on Medical Education and awarded accreditation for . . . years as a provider of continuing medical education for physicians.

The Wisconsin Medical Society accreditation seeks to assure both physicians and the public that continuing medical education activities provided by (name of accredited provider) meet the high standards of the Accreditation Elements and Policies for Accreditation as specified by the Wisconsin Medical Society Council on Medical Education.

GLOSSARY OF TERMS

Accreditation: The decision by the Wisconsin Medical Society (Society) that an organization has met the requirements for a CME provider as outlined by the Society. The standard term of accreditation is four years.

Accreditation Council for Continuing Medical Education (ACCME): The ACCME sets the standards for the accreditation of all providers of CME activities. The ACCME has two major functions: the accreditation of providers whose CME activities attract a national audience and the recognition of state or territorial medical societies to accredit providers whose audiences for its CME activities are primarily from that state/territory and contiguous states/territories. The ACCME's seven member organizations are the American Board of Medical Specialties (ABMS), the American Hospital Association (AHA), the American Medical Association (AMA), the Association of American Medical Colleges (AAMC), the Association for Hospital Medical Education (AHME), the Council of Medical Specialty Societies (CMSS), and the Federation of State Medical Boards of the U.S., Inc. (FSMB).

Accreditation Decisions: The types of accreditation offered and made by the Wisconsin Medical Society Council on Medical Education in evaluation of accredited providers. They include accreditation with commendation, accreditation, probationary accreditation, provisional accreditation and non-accreditation.

Accreditation Statement: The standard statement that must be used by all accredited institutions and organizations. There are two different statements that might be used depending on the number and relationships of the organizations involved in planning and implementing the activity:

Directly Sponsored Activity – An activity planned and implemented by a Wisconsin Medical Society accredited provider of CME.

STATEMENT OF ACCREDITATION

The [name of accredited provider] is accredited by the Wisconsin Medical Society to provide continuing medical education for physicians.

AMA/PRA DESIGNATION STATEMENT

[name of accredited provider] designates this educational activity for a maximum of [number of credits] *AMA PRA Category 1 Credit(s)*TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Jointly Sponsored Activity – An activity planned and implemented by one accredited provider working in partnership with a non-accredited entity. The accredited provider must ensure compliance with the Wisconsin Medical Society's Accreditation Elements and Policies and therefore take responsibility for the activity as indicated in the accreditation statement.

STATEMENT OF ACCREDITATION

This activity has been planned and implemented in accordance with the Accreditation Elements and Policies of the Wisconsin Medical Society through the

joint sponsorship of [name of accredited provider] and [name of non-accredited provider]. The [name of accredited provider] is accredited by the Wisconsin Medical Society to provide continuing medical education for physicians.

AMA/PRA DESIGNATION STATEMENT

[name of accredited provider] designates this educational activity for a maximum of [number of credits] *AMA PRA Category 1 Credit(s)*TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Note: CME activities that are co-sponsored should use the directly sponsored activity statement, naming the one accredited provider that is responsible for the activity.

Accreditation Survey: A form of data collection by the Wisconsin Medical Society Council on Medical Education that includes a review of the organization (structure, administration, mission, relationships), documentation, and activities. The survey can be conducted in one of two ways: *on site*, which is in-person at the site of the accredited institution/organization, or its activity or *reverse site*, which is in-person at a site determined by the Society. Its purpose is to gather data about who is responsible for the CME program and activities, how documentation is accomplished, and how well the Elements of the Essential Areas are applied.

Accreditation with Commendation: The decision by the Wisconsin Medical Society Council on Medical Education that an organization has exceeded the standards for a CME provider as outlined by the Society. The standard term of accreditation with commendation is six years.

Activity: An educational event for physicians, which is based upon physicians' professional practice gaps and identified needs, has a purpose or objectives, and is evaluated to assure the needs are met. The Society will consider an activity to be educational, rather than promotional, when the activity is deemed to have been, in all respects, created and presented in compliance with the Society's Accreditation Elements and Policies, including the Standards for Commercial Support.

Activity Review: The form of data collection that allows the Wisconsin Medical Society Council on Medical Education to observe an activity and document compliance with the requirements for accreditation. This review occurs usually during an accreditation survey (on-site) and is required for all new applicants before they are fully accredited.

Adverse Accreditation Decision: Decisions of the Council on Medical Education of Probation or Non-Accreditation.

Annual Report: The form of data collection that requires an annual submission of data from each accredited provider and allows the Society to monitor changes in an individual accredited provider's program and within the population of accredited providers.

Classifications of Compliance with Accreditation Elements: Using criteria, the Society's Council on Medical Education will determine the level of compliance with each criteria in the Accreditation Elements. The findings could be one of four levels of compliance: compliance, partial compliance, or noncompliance.

CME Director: The individual, most often a physician, who directs the CME program within the accredited institution/organization. See Appendix A.

Commercial Interest: Any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. However, the Society, does not consider providers of clinical service directly to patients to be commercial interests.

A commercial interest is not eligible for Society or ACCME accreditation. Within the context of this definition and limitation, the Society considers the following types of organizations to be eligible for accreditation and free to control the content of CME:

- 501-C Non-profit organizations
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit hospitals
- For profit rehabilitation centers
- For-profit nursing homes
- Blood banks
- Diagnostic laboratories

'Commercial interests' are excluded from being an accredited provider of CME because these organizations cannot be compliant with Standard 1.1 or 1.2 of the Society's Standards for Commercial Support. No entity owned or controlled by a 'commercial interest' can be accredited by the Society or the ACCME. There are no structural and organizational safeguards that could be put into place in order for an entity owned or controlled by a 'commercial interest' to be accredited by the Society or the ACCME.

Competence: An educational term used to describe the capacity or ability of a physician. The term is a synonym for "knowledge in action" or "application of knowledge" and is meant to highlight the difference between medical knowledge and the use of that knowledge in the care of patients.

Commercial Supporter: The institutions or organizations that provide financial or in-kind assistance to a CME program or for a CME activity. The definition of roles and requirements when commercial support is received are outlined in the Standards of Commercial Support. Funds received from a government source are not considered commercial support.

Compliance: The provider is always or consistently meeting the standard of practice for the judged element.

Conflict of Interest: When an individual's interests are aligned with those of a commercial interest the interests of the individual are in 'conflict' with the interests of the public. The Society considers financial relationships to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest **and** the opportunity to affect the content of CME about the products or services of that commercial interest. The potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME – an incentive to insert commercial bias.

Continuing Medical Education (CME): Continuing medical education consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

A broad definition of CME, such as the one found above, recognizes that all continuing educational activities that assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate CME for practitioners interested in providing better service to patients.

Not all continuing education activities that physicians may engage in are CME. Physicians may participate in worthwhile continuing education activities that are not related directly to their professional work, and these activities are not CME. Continuing educational activities that respond to a physician's non-professional educational need or interest, such as personal financial planning, appreciation of literature, music or parent effectiveness, are not CME.

CME that discusses issues related to coding and reimbursement in a medical practice falls within the Society's definition of CME.

Cosponsored Activity: A CME activity presented by two or more accredited providers. One institution must take responsibility for the activity and the appropriate direct accreditation statement must be used.

Credit: The "currency" assigned to CME activities. Requirements for the designation of credit are determined by the organization responsible for the credit system, e.g., AMA PRA (Category 1 and 2 Credit), AAFP (Prescribed and Elective Credit), ACOG (Cognates), AOA (Category 1-A, 1-B, 2-A and 2-B Credit). Refer to those organizations for details about the specific requirements for assigning credit.

Criteria: The levels of performance and/or accomplishment required by the Society of an accredited provider for each Accreditation Element.

Designation of CME Credit: The declaration that an activity meets the criteria for a specific type of credit. In addition, designation relates to the requirements of credentialing agencies, certificate programs or membership qualifications of various societies. The accredited provider is responsible to these agencies, programs and societies in the matter of designation of credits and verification of physician attendance. NOTE: The designation of credit for specific CME activities is not within the purview of the Society.

Documentation Review: Data collection that allows the Society to verify that compliance with accreditation requirements has been met within a specific activity. This review occurs during an accreditation survey.

Elements: The descriptors of performance in each accreditation criterion that must be met to be an accredited provider.

Enduring Materials: Enduring materials are printed, recorded, computer assisted instructional materials or internet-based activities, which may be used over time at various locations and which in themselves constitute a planned CME activity. Examples of such materials for independent physician learning include programmed texts, audiotapes, videotapes and computer assisted instructional materials used alone or in combination with written materials. Books, journals (unless specifically designated) and manuals are not classified as enduring materials.

Faculty: The speakers or education leaders responsible for communicating the educational content of an activity to a learner.

Financial Relationships: Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. The Society considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Focused Accreditation Survey: A specially arranged survey of a provider to collect data about a specific problem that has been reported or has not been corrected as a result of a progress report.

Joint Sponsorship: Sponsorship of a CME activity by two institutions or organizations when only one of the institutions or organizations is accredited. The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a non-accredited institution or organization and must use the appropriate accreditation statement. A commercial interest cannot take the role of non-accredited entity in a joint sponsorship relationship.

Monitoring: The form of data collection that allows the Society to note changes in the program of CME between formal accreditation reviews. These data are collected in the annual reports required of each provider.

Multi-institutional system: Organization consisting of more than two institutions separated by space/location or having multiple sites.

Needs Assessment/Data: A process of identifying and analyzing data that reflect the need for a particular CME activity. Educational needs are derived by a number of mechanisms and they help explain why gaps may exist. Needs assessment data may be derived from a survey of the potential learners, evaluations from previous CME activities, needed health outcomes, identified new skills, etc. Needs assessment data also provide the basis for developing learner objectives for the CME activity.

Non-accreditation: The accreditation decision by the Wisconsin Medical Society Council on Medical Education that an organization has not demonstrated the standards required for a CME provider.

Noncompliance: The provider is not meeting the standard of practice for the judged element.

Objectives: Statements that clearly describe what the learner will know or be able to do after participating in the CME activity. The statements should result from the needs assessment data. Providers may also state the purpose of an individual activity in lieu of developing specific objectives.

Organizational Framework: The structure (organizational chart), process, support and relationships of the CME unit that are used to conduct the business of the unit and meet its mission.

Participant: An attendee or learner, primarily a physician, at a CME activity.

Partial Compliance: The provider is only sometimes or not fully meeting the standard of practice for the judged element.

Planning Process(es): The method(s) used to design an educational activity. The planning process steps typically include identification of professional practice gaps, determination of the educational needs that underlie the gaps, the writing of objectives, the selection of educational format and target audience, and the evaluation that will be used to determine whether or not the educational needs have been addressed and the practice gaps closed (i.e., whether the CME activity has led to changes in physician competence, performance or patient outcomes).

Probation: The accreditation decision by the Wisconsin Medical Society Council on Medical Education that an accredited provider has not met all the standards for a CME provider as outlined by the Society. The accredited provider must correct the deficiencies to receive a decision of accreditation. While on probation, a provider may not jointly sponsor new activities. Please note that the period of probation is time limited.

Program of CME: The CME activities and functions of the provider taken as a whole.

Progress Report: A report prepared for the Society by the accredited provider communicating changes in the provider's program to demonstrate compliance with the Accreditation Elements that were found in partial compliance, or non-compliance, during the most recent accreditation review.

Provider: The institution or organization that is accredited by the Society to present CME activities.

Provisional Accreditation: The accreditation decision by the Wisconsin Medical Society Council on Medical Education that an initial applicant for accreditation has met the standards for a CME provider as outlined by the Society.

Regularly Scheduled Series (RSS): Weekly or monthly CME activities that are primarily planned by and presented to the provider's professional staff. Providers that furnish these types of activities must describe and verify that they have a system in place to monitor these activities' compliance with the Accreditation Elements (including the Standards for Commercial Support) and Policies.

Relevant Financial Relationships: ACCME focuses on financial relationships with commercial interest in the 12 month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. The Society has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. As such, the Society defines "relevant" financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Self Study: A form of data collection by the Society that allows the accredited provider to document its accomplishments, assess areas where improvements may be necessary and outline a plan for making those improvements.

Sponsor: See Provider

Standards of Commercial Support: Standards to ensure independence in planning and implementing CME activities (see page 21).

Supporter: See Commercial Supporter

Survey: See Accreditation Survey

RESOURCES

PROVIDER ACCREDITATION INFORMATION

Stephanie Taylor, CME Coordinator
Wisconsin Medical Society
Dept. of Continuing Medical Education
PO Box 1109
Madison, WI 53701-1109
(866) 442-3800 ext. 3796
(608) 442-3796
(608) 283-5424 (fax)
stephanie.taylor@wismed.org

Accreditation Council for Continuing Medical Education (ACCME)
(312) 527-9200
www.accme.org

Alliance for Continuing Medical Education
(205) 824-1355
www.acme-assn.org

American Academy of Family Physicians (AAFP)
800-274-2237
www.aafp.org

Wisconsin Consortium for Continuing Medical Education (WCCME)
(866) 442-3800 ext. 3796

PHYSICIAN RECOGNITION AWARD INFORMATION

American Medical Association
(312) 464-4664
<http://www.ama-assn.org/ama/pub/about-ama/awards/ama-physicians-recognition-award.shtml>

PHYSICIAN CME REQUIREMENTS FOR LICENSURE

State of Wisconsin Department of Regulation & Licensing
(608) 266-2112 or (877) 617-1565 (toll free)
<http://drl.wi.gov>

APPENDIX A

RECOMMENDED JOB DESCRIPTION FOR A CME DIRECTOR

1. The CME Director should have a commitment to the philosophy of lifelong learning in medicine.
2. The CME Director should be willing to work with the Wisconsin Medical Society to learn from the Society the accreditation elements of CME for physicians in order to present programs at the local level for the *AMA PRA Category 1 Credits™* that physicians need to continue their license. These skills in learning the essentials and doing a self study of how these are applied at the local level does signify time commitment beyond the usual meetings of the CME committee.
3. The CME Director is the leader of the local CME committee and must direct its meetings. In conjunction with local hospital staff, the CME Director is responsible for the CME files, committee minutes, and other data that are needed for periodic self studies and site surveys. The director in turn teaches the hospital associates about the CME process and helps his/her fellow physicians on the committee understand the CME accreditation elements and how they are applied.
4. The CME Director will have to solve conflicts about CME at the local level, including physicians that want credit for educational activities that do not meet the accreditation elements for various reasons (commercial support issues, needs assessment issues, etc...).
5. The CME Director should be proactive in assessing the professional practice gaps of the physicians at his/her hospital and find ways of learning what the physicians really need in addition to what the physicians perceive they want.