



Wisconsin Medical Society

Your Doctor. Your Health.

**Wisconsin Medical Society Guide to the  
Accreditation Process: Demonstrating the  
2006 Accreditation Criteria**

For providers receiving accreditation decisions  
from the Society in 2012

# REACCREDITATION TIMELINES AND PROVIDER MILESTONES

## Timelines for Accreditation Decisions

This timeline is a key resource in your organization's preparations of its self study materials. Providers are encouraged to keep a copy of this page to track accreditation process milestones. Some providers find it useful to use this document to develop an internal work schedule, factoring in such items as holidays, events and meetings, and staff schedules.

Date	Milestone
12-15 months prior to decision	Society sends via email the official Re-accreditation notification to Provider. Invoice for Re-accreditation review fee sent separately (4 months prior to survey).
3 months prior to decision	Provider sends self study materials to the Society
2 weeks after self study submission	Society informs provider of activities selected for performance-in-practice review
1-2 months prior to decision	Provider is surveyed
February, May or October	Re-accreditation decision is made by the Council on Medical Education

## Initial Accreditation Timeline

The timeline for an initial applicant to complete the accreditation process is dependent upon the dates that materials are submitted to the Society. Based on the date of receipt of the initial self study report, the initial applicant is grouped into a cohort of providers that are to receive a decision from the Society. The Society's accreditation process requires a two to three-month window between the submission of a Self Study Report for initial accreditation and the date of the interview.

# GUIDE TO THE PROCESS FOR REACCREDITATION: AN OVERVIEW AND SUBMISSION REQUIREMENTS

## Overview and Background Information

### Conducting Your Self-Study for Reaccreditation

The self-study process provides an opportunity for the accredited provider to reflect on its program of CME. This process can help the organization assess its commitment to and role in providing continuing medical education and determine its future direction. The Wisconsin Medical Society (Society) has specific requirements for the *Self-Study Report* content outline, but the process of conducting a *self-study* is unique to your organization. Depending on the size and scope of your CME program, you may involve many or just a few individuals in the process.

### Data Sources Used in the Reaccreditation Process

The Society's reaccreditation process is an opportunity for each accredited provider to demonstrate that its practice of CME is in compliance with the Society's accreditation requirements through three primary sources of data about the provider's CME program:

#### Self-Study Report

Organizations are asked to provide descriptions, attachments, and examples to give the reader an understanding of CME practice(s) related to ACCME Criteria and Policies as adopted by the Society. Descriptions are narrative explanations. Attachments are specific documents. Examples are demonstrations of the implementation of the practices described that may include narrative and/or attachments.

#### Performance-in-Practice Review

Organizations are asked to verify that their CME activities are in compliance with ACCME Criteria and Policies as adopted by the Society through the documentation review process. The Society will select up to 10 activities from the current accreditation term for which the organization will be expected to present evidence of performance-in-practice to the Society for documentation review.

#### Accreditation Interview

Organizations are presented with the opportunity to further describe the practices presented in the Self-Study Report and activity files, and provide clarification as needed, in conversation with a team of volunteer surveyors, who are colleagues from the CME community, trained by the Society.

The accreditation interview offers the provider the opportunity to discuss its CME program with qualified surveyors. Society surveyors will be assigned to review the self-study materials you submit. They will meet with representatives of your CME program to engage in a dialogue about your organization's policies and practices that ensure compliance with the Accreditation Criteria, including the Standards for Commercial Support and Accreditation Policies.

At the interview, the surveyors will seek clarification about any questions they may have regarding the self-study materials you submitted. You can expect Society surveyors to: 1) conduct their interactions with providers in a professional manner, 2) be familiar with your materials and the ACCME's Accreditation Criteria and Policies as adopted by the Society, and 3) communicate clearly and effectively with providers without offering consultative advice or feedback regarding compliance or the expected outcome of the accreditation review.

To ensure the validity of the process and based on circumstances and available resources, the Society retains the right to make decisions regarding interview date, and/or composition of the survey team based on available resources to ensure the best possible outcome of the accreditation review process.

Interviews are intended to occur at the provider's administrative offices or at the site of one of the provider's CME activities. While the interview requires approximately two hours, the survey team typically spends one-half day at the provider's administrative offices. In addition to interview time, the survey team spends time meeting together for preparation and reporting.

Interviews may be longer than one-half day if a CME activity is reviewed during the visit. Society policy requires that new providers (initial applicants or provisionally accredited providers) must have a CME activity reviewed prior to receiving a status of "accreditation". In addition, CME activity reviews can be requested as part of an accreditation decision or monitoring issue. Providers required to have an activity reviewed will be prompted by the Society to submit information to facilitate this process. A provider may choose the activity type and activity to be reviewed, unless otherwise specified by the Society.

The Society will provide information about the process of scheduling and accreditation interview. The Society will confirm your assigned surveyors and the interview date and time in advance via email. Your organization will be asked to confirm receipt of this communication.

### **Expectations about Materials**

Materials submitted to the Society, in any format, must not contain any untrue statements, must not omit any necessary material facts, must not be misleading, must fairly present the organization, and are the property of the organization.

Materials submitted for accreditation (Self-Study Report, activity files, other materials) must not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

### **Missing or Incomplete Information**

Providers that meet all of the deadlines and submission requirements of the reaccreditation review process will receive an accreditation decision from the Society. Please note, if the Society is unable to render a decision due to missing or incomplete information, the Society reserves the right to request additional information, the expenses for which will be borne by the provider.

### **Decision-Making Process**

Your organization's compliance findings and the outcome of the accreditation review are determined by the Society based on the data and information collected in the accreditation process. The Society will also consider data from monitoring issues, if such data are applicable to the provider. The data and information are analyzed and synthesized by the Council on Medical Education (Council). All accreditation decisions are ratified by the Council which meets three times each year (generally, in February, May and October).

Accreditation decision letters will be sent to providers via US mail within four (4) weeks following the Council's accreditation decision.

### **Survey Fees**

The re-survey fees are \$3,175 for multi-institution systems, \$2,025 for hospitals/institutions with more than 60 beds, \$925 for hospitals/institutions with less than 60 beds, \$350 for specialty societies and \$0 for County Medical Societies (component county medical societies of the Society are exempt from the re-survey fee, as this is a membership service). This is a flat fee, which includes surveyor honoraria, travel and expenses. An invoice for the survey fee will be mailed to the provider approximately four (4) months prior to the survey. **PLEASE DO NOT INCLUDE YOUR PAYMENT WITH THE SUBMISSION OF THE SELF STUDY MATERIALS.**

## Requirements for Organizing and Formatting Your Self Study Report

The Self-Study Report must be formatted as indicated to facilitate the review of your CME program:

The cover of each of the four Self-Study Report binders should clearly identify your organization by name. Use the full name of your organization as it is known to the Society (no acronym or abbreviations).

1. Each page in the binder, including the attachments, must be consecutively numbered. The name (or abbreviation) of your organization must appear with the page number on each page.
2. The Self-Study Report must be organized using divider tabs as specified by the Society.
3. Narrative, attachments, and examples must be provided as indicated in the Self-Study Report Outline.
4. The Self-Study Report must be typed with at least 1" margins (top, bottom and sides), using 11 point type or larger; double-sided printing is acceptable.
5. Pertinent excerpts must be photocopied on standard paper for inclusion in the binder. Do not use plastic sleeves for single pages or for multi-page documents (i.e. brochures, handouts, etc).
6. The Self-Study Report must be submitted in a three-ring binder. The rings may not be more than 1 ½ inches in diameter and the materials may not be more than 1 ½ inches in thickness.
7. Three (3) hard copies of the Self-Study Report must be submitted to the Society. Keep a separate duplicate copy for your reference at any time during the accreditation process, but especially at the time of the accreditation interview.

### Regarding Self-Study Report Divider Tabs

The Self-Study Report must be organized using divider tabs to separate the content of the report in the seven sections of the Self-Study Report Outline. For the purpose of printing tabs, the titles of the sections have been abbreviated as follows:

#### I) Prologue

#### II) Purpose and Mission (C1)

#### III) Educational Activities (C2-7 and Policies)

#### IV) CME Program and Educational Activities (C8-9)

#### V) Content of Educational Activities (C10 and Content Validation)

#### VI) Evaluation and Improvement (C11-15)

#### VII) Engagement with the Environment (C16-22)

#### **Please pay careful attention to the requirements for organizing and formatting the Self Study Report.**

These requirements facilitate the review of your CME program. If they are not fulfilled, then: 1) The reaccreditation process will be suspended, and the provider's review will be deferred to the next cohort with new deadlines and milestones established; and 2) All self study materials will be discarded by the Society, and another complete set will be required by the Society by the new deadline.

## The Society's Review of Performance-in-Practice

The Society's performance-in-practice review allows providers to demonstrate compliance with the Society's expectations and offers providers an opportunity to reflect on their CME practices.

Materials that demonstrate compliance with the Society's expectations may result from work done for individual activities or as part of the overall CME program. Meeting minutes and strategic planning documents are two examples of materials that might help a provider show how an activity meets the Society's expectations with evidence not directly related to a specific CME activity. Providers must include such materials in labeled evidence to verify compliance.

The Society's review of a provider's performance-in-practice entails the following process:

- 1) The provider's submission of CME activity data
- 2) The Society's selection of activities for performance-in-practice review
- 3) The provider's submission of evidence of performance-in-practice for activities selected

### Submitting your CME Activity Data

1. The list of activities must be submitted using the Society's template, which is provided at <https://wismed.grouphub.com> (see CME Activities List Form). If you already have your list of activities in an electronic database, you must convert them into the Society's preformatted Excel document so we can use it to select files. If you do not comply with this requirement, your activity list will be returned to you for editing and/or reformatting.
2. For **reaccreditation**, this list must include all activities that your organization has offered, or plans to offer, under the umbrella of your Society accreditation statement, during the current accreditation term. Your list of activities needs to be comprehensive and must include all activities **beginning with the month after your last accreditation decision and through the expiration of your current accreditation term**. For example, if you received a four-year Accreditation decision in January 2008, your list should include all accredited CME activities offered, or scheduled to be offered, from February 1, 2008 through January 31, 2012.
3. **For activities which have not yet occurred**, please use best available information, year-to-date figures, or estimates to complete all required fields. You will have the opportunity to update this information for inclusion with the self study report.
4. Activities offered on multiple dates at various locations to different audiences, even if they have the same title and content, **must be listed for each date and location at which they were offered**. Responses such as "multiple," "various," or "ongoing" are not acceptable for activity date or location.
5. **Organizations that produce Regularly Scheduled Series (RSS) must list these activities by YEAR and SERIES (e.g. department)**. Do not list each daily, weekly, or monthly session.
  - The Society defines RSS as daily, weekly or monthly CME activities that are primarily planned by and presented to the provider's own professional staff, and are offered under the umbrella of your Society accreditation statement, as one activity. RSS are most commonly offered by hospitals and medical schools and typically include such activities as Grand Rounds, Noon Conferences, and Tumor Boards.
  - By contrast, annual meetings are scheduled regularly, on a yearly basis, but they do not fit the Society definition of RSS. Similarly, conferences offering the same content at various times and locations may be scheduled on a regular basis, but they do not fit the Society's definition of RSS.
  - When counting RSS for the activity list, include each series as one activity. Use the date of the first session to fill in the date field. The total hours of instruction for the series is the sum of hours available through the activity during the year, and the total participants is the sum of the number of physicians/ non-physicians attending each individual session.
  - **If you are not certain whether an activity should be categorized as an RSS, please contact the Society for assistance.**
6. Providers must submit data for all activities in **columns A-I**. The spreadsheet has columns that must be filled in according to the specifications below.

Column A: List the title of the activity.

Column B: List the date the activity occurred in "MM/DD/YYYY" format. If the activity is multi-day, provide the beginning date of the activity only. If the activity is an enduring material, only provide the release date or date of most recent review.

- Column C: List the activity's location in "City, ST" format. For enduring materials and internet activities, please list your organization's home city and state or indicate not applicable.
- Column D: Use the drop down menu to indicate whether the activity was directly or jointly sponsored. Co-sponsorship is not a menu option. Please list only those co-sponsored activities where your organization took responsibility for the activity.
- Column E: Use the drop down menu to indicate the type of activity. Your **only** choices are: Course, RSS, Internet Activity Live, Enduring Material, Internet Activity Enduring Material, Journal-based CME, Manuscript Review, Test Item Writing, Committee Learning, Performance Improvement, Internet Searching and Learning, and Learning from Teaching.
- Column F: List the number of maximum number of hours available for the activity.
- Column G: List the number of physicians who participated. If attendance figures are incomplete at the time of submission, please include preliminary or year-to-date figures. The information may be updated in the self study report.
- Column H: List the number of non-physicians who participated. If attendance figures are incomplete at the time of submission, please include preliminary or year-to-date figures. You may update this information for inclusion with your self-study report.
- Column I: Use the drop down menu to indicate whether the activity received commercial support. Your **only** choices are Yes and No.

7. Columns (J-Q) in the Society's CME Activity List spreadsheet are highlighted in yellow. **Submit data in these columns for activities presented after July 1, 2008:**

- Column J: List the amount of commercial support received. Commercial support is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity. The total figure should include an *estimated* dollar value for in-kind contributions. If activity has not been presented, estimate the support you expect to receive. Advertising and exhibit income is not considered commercial support.
- Column K: List the number of commercial supporters of the activity. (If the activity has not occurred, estimate the number of commercial supporters expected).
- Column L: Use the drop down menu to indicate if the activity was designed to change physicians' competence. Your **only** choices are Yes and No.
- Column M: Use the drop down menu to indicate if change in physicians' competence was measured. Your **only** choices are Yes and No.
- Column N: Use the drop down menu to indicate if the activity was designed to change physicians' performance. Your **only** choices are Yes and No.
- Column O: Use the drop down menu to indicate if change in physicians' performance was measured. Your **only** choices are Yes and No.
- Column P: Use the drop down menu to indicate if the activity was designed to change patient outcomes. Your **only** choices are Yes and No.
- Column Q: Use the drop down menu to indicate if change in patient outcomes was measured. Your **only** choices are Yes and No.

8. Please observe the following instructions:

- **Do not** alter the format, such as shading cells, changing column names, or adding blank rows or columns. You may, however, temporarily resize column width to view cells' contents;
- **Do not** leave blank cells in the spreadsheet for columns A-I;
- **Do not** send the spreadsheet to the Society as a "zip file"; and
- **Do not** include multiple worksheets, files, or attachments. Your submission should be **one** worksheet attached as **one** file.

9. Submit your list as an attachment via email to [stephanie.taylor@wismed.org](mailto:stephanie.taylor@wismed.org). Please include your **organization's name** in the name of the attached file for identification purposes.

### **Selecting Activities for Performance-in-Practice Review**

Based on the CME activity data you provide, the Society will select up to 10 activities for review. The Society notifies providers via email of the activities selected for review. Your organization will be asked to confirm receipt of this communication. Providers are accountable for demonstrating performance-in-practice for all activities selected. It is important that you carefully review the list of activities selected by the Society. If you note an error, such as an incorrect activity date or format, or if an activity was cancelled or otherwise did not occur, contact Society immediately to make any necessary corrections or adjustments to the sample of activities selected for performance-in-practice review.

## **Requirements for Assembling and Formatting Performance-in-Practice Materials**

### **Submitting Evidence for Performance-in-Practice Review**

The Society utilizes the review of a provider's performance-in-practice, as seen in materials from CME activities, to verify that the provider meets the Society's expectations. In addition, the Society collects additional evidence for the American Medical Association (AMA).

The requirements for assembling and submitting performance-in-practice materials to the Society for the accreditation process and for the AMA are outlined in this section.

### **Downloading the Labels**

Download the Documentation Review Labels at <https://wismed.grouphub.com>. This label template is pre-formatted to print onto *Avery Standard File Folder Labels #5266*. You may use either white or colored labels.

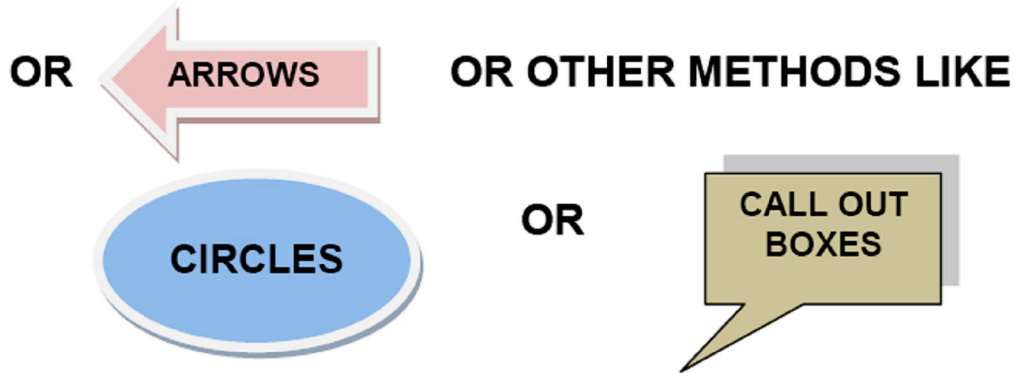
### **Labeling Evidence to Support compliance**

- Present materials that you developed and utilized for the activity to help your organization demonstrate compliance. A review of your organization's performance-in-practice is not intended to cause you to generate new or additional documentation.
- Apply the corresponding label to the first page of the evidence or on a coversheet. Cover sheets also help to organize and separate your documentation.
- Use discretion in selecting evidence that relates specifically to the criterion or policy and do not include documentation not required by the Society, such as faculty CVs, all completed participant evaluation forms, or handouts in their entirety.
- Please note, however, that signed written agreements for all commercial support received must be presented, along with a list of the commercial supporters, if commercial support was received. Also, evidence of disclosing the presence or absence of relevant financial relationships to learners for all persons in control of content must be provided, along with a list identifying all persons in control of content with their names and their roles e.g., planners, faculty, reviewers, staff. The best strategy is to submit all related documentation that is necessary to demonstrate the identification and resolution of conflicts of interest for all persons in control of content. If an activity has an extraordinarily large number of persons in control of content, and the paperwork involved would pose a challenge, contact the Society staff to discuss possible alternate strategies.
- Blank forms, blank checklists, and policy documents alone do not verify performance-in-practice.

Once you have inserted the label to the evidence or coversheet, HIGHLIGHT with ...

**Colored Markers OR Highlights OR**

**LABELS**



... to pinpoint in the materials your demonstration of compliance. One sentence or paragraph within a five-page document may be your demonstration of compliance. It is important that you use your evidence to demonstrate how and where you are in compliance.

### **Demonstrating Compliance with RSS**

See *compliance with ACCME Requirements within an Institution's Regularly Scheduled Conferences (as adopted by the Society)*: [http://www.accme.org/index.cfm/fa/news.detail/news\\_id/f94ed0e0-d38b-4d1e-aa9c-e08de45be040.cfm](http://www.accme.org/index.cfm/fa/news.detail/news_id/f94ed0e0-d38b-4d1e-aa9c-e08de45be040.cfm)

The ACCME and Society defines regularly scheduled series (RSS) as an educational activity that is presented as a series of sessions which occur on an ongoing basis (e.g., weekly, monthly, or quarterly) and is primarily planned by, and presented to, the accredited organization's own professional staff. Examples of RSS are Grand Rounds, Tumor Boards, and M&M Conferences. Each RSS is made up of multiple sessions, or individual meetings, that occur on regular intervals.

A provider that produces RSS must ensure that they are designed and implemented in compliance with the Society's requirements – just like any other activity type.

For the performance-in-practice review, RSS require a FOUR-part information set that includes,

- 1) a description of a monitoring system used to collect and analyze data regarding the compliance of the selected RSS; 2) a summary of the RSS monitoring data collected presented in summary or aggregated and 3) your analysis and compliance conclusions drawn from the data; and 4) your itemization and description of activity or program improvements needed and implemented;

**OR**

- 2) By using all of the performance-in-practice review labels for each annual series selected,
  - documentation of how the series was planned (C2 – C7 SCS1)
  - Documentation from the implementation of the series to demonstrate compliance with the Society's expectations for the Standards of Commercial Support (C7 SCS2 – C10)
  - Documentation from the series to demonstrate data generated about learner change (C11)

## Assembling Evidence of Performance-in-Practice

1. Submit labeled evidence for each activity selected in an 8 ½" by 11" file folder; do NOT submit evidence in binders.
2. Affix a label on the front cover of the file folder that specifies:
  - Full name of your organization (no acronyms or abbreviations)
  - Activity title, as submitted in the CME Activity List
  - Activity date and location, as submitted in the CME Activity List
  - Type of activity
  - Directly or jointly sponsored activity
  - If commercial support was accepted

## Enclosing the CME Product

If the activity for which you are labeling evidence is an enduring material, journal, or Internet CME activity, you are required to demonstrate that the activity is in compliance with the Society Policy that is specific to its activity type, in addition to demonstrating compliance with the Accreditation Criteria and other Society Policies. Please refer to the specific policies related to these activity types on [www.accme.org](http://www.accme.org).

Where possible, affix the Society performance-in-practice labels to hard copy evidence to show how these activities comply with the applicable policy. In addition, you must submit the CME product in its entirety for each Internet, journal-based and/or enduring material CME activity selected. In the product, you may also highlight, flag, note, describe, or otherwise provide written directions to ensure that you are showing where you are meeting the policy requirements.

For Internet activities, provide a direct link to the online activities or the URL, and a username and password, when necessary. If an Internet activity selected is no longer available online, you may submit the activity saved to CD-ROM or provide access on an archived Web site. If Society surveyors have difficulty accessing the activities or finding the required information, you will be expected to clarify this evidence at the time of the interview. Active URLs, login IDs, and passwords must be made available for the duration of your organization's current accreditation review.

## Documentation Requirements for AMA PRA Category 1 Credit™

The **American Medical Association's** collection of evidence from a representative sample of your activities demonstrates how well and how consistently your organization is meeting some of the *AMA's PRA Category 1 Credit™* requirements.

As a service to both the provider and the credit system, the Society is collecting this evidence and transmitting it for the AMA's review and follow-up with providers. This information will not be considered as part of your accreditation decision and will not elicit feedback from the Society.

### Download the Labels

Click here for AMA PRA Labels.\* This label template is pre-formatted to print onto *Avery Standard File Folder Labels #5266*. You may use either white or colored labels.

\*[http://www.accme.org/dir\\_docs/doc\\_upload/a061c230-fe8d-47b4-aa8e-69e0ea1c5444\\_uploaddocument.doc](http://www.accme.org/dir_docs/doc_upload/a061c230-fe8d-47b4-aa8e-69e0ea1c5444_uploaddocument.doc)

### Label the Documents

Assemble one **separate file folder** that indicates the full name of your organization (no acronyms or abbreviations) on the cover of the file folder and includes, for each activity selected, evidence of your organization's use of the:

- *AMA PRA Category 1 Credit™* Designation Statement by submitting a copy of the page of the brochure or handout which indicates the AMA's PRA statement
- AMA New Skills and Procedures Levels (if applicable).

Submit a **Separate File Folder of AMA Documentation** to the Society at the same time that you submit the performance-in-practice review materials (at the time of survey).

### Submitting Materials to the Society

The following materials must be shipped, using a method that has a reliable electronic, web-enabled delivery tracking system, for the Society's receipt by the published due date:

- Three (3) copies of the Self-Study Report in binders formatted and organized as specified
- One set of your evidence of performance-in-practice for selected activities (**due at the time of survey – do not ship**)
- One copy of the CME product(s) for any enduring materials, Internet, or journal-based CME activities selected for performance-in-practice review (**due at the time of survey – do not ship**)
- One set of your evidence of use of the AMA credit designation statement and (if applicable) the AMA new skills and procedures levels (**due at the time of survey – do not ship**)

The Society will provide each of your surveyors with one copy of the self study report and at the time of survey, surveyors will review the selected activity files. Please note that activity files will **not** be returned to you, so please do not submit original documents.

***All providers should retain a duplicate set of files at their offices for their own reference, and, if the need arises, the Society may ask for a second copy of a file or set of files. Providers must retain a copy/original of the evidence documenting your Performance-in-Practice to have it available for the surveyors at the time of the interview.***

#### SHIP TO:

Wisconsin Medical Society  
Department of CME  
330 E. Lakeside Street  
Madison, WI 53715

**NOTE:** This address is for the submission of materials only. Fee payments should not be sent with the materials or to this address. Please refer to the invoice your organization receives from the Society for instructions regarding the submission of fee payments.

### Resources to Support the Accreditation Process

The accreditation process is facilitated by your use of documents available on <https://wismed.grouphub.com>. Please refer to the "Documents and Forms Library" section of the Society's group hub. You will find the following documents and forms in that section:

1. WI Medical Society's Guide to the Accreditation Process
2. CME Activity List
3. Performance-in-Practice Review Labels

# OUTLINE FOR THE SELF-STUDY REPORT FOR REACCREDITATION

## I) Self Study Report Prologue

- A) **Provide** a brief narrative that tells the Society the history of your continuing medical education (CME) Program.
- B) **Describe** the leadership structure and organizational structure of your CME Program in an organizational chart.

## II) Purpose And Mission (Criterion 1)

- A) **Attach** your CME mission statement.
- B) **Highlight** each of the required components (i.e., (1) purpose, (2) content areas, (3) target audience, (4) types of activities, and (5) expected results of the program, articulated in terms of changes in competence, performance, or patient outcomes. (C1)

## III) Educational Activities (Criteria 2-7 and Policies)

*The next set of items is designed to gather information on your incorporation of the Society's requirements into your program of continuing medical education.*

- A) Tell us the 'story' of how you develop continuing medical education. Pick **two** of your CME activities as examples. Using these examples, within the context of your organization's processes and mechanisms, describe for us all of the steps you went through to create these educational activities.

In your narrative for Section III (A) the Society will be looking for,

1. The professional practice gap that the activities were addressing	(C2)
2. The educational need(s) that you determined were underlying the gap(s) for your learners	(C2)
3. What competence or performance or patient outcome the activity was designed to change	(C3)
4. How the activity matched the current or potential scope of professional practice (research, educational, administrative or clinical) of your learners.	(C4)
5. Your explanation of why the format of the activity you chose was appropriate for the setting, objectives and desired results of the activity	(C5)
6. The desirable physician attribute(s) you associated with the activity	(C6)
7. <b>The mechanism(s) your organization used to a) identify and b) resolve conflicts of interest for everyone in a position to control educational content (i.e., teachers, authors, planners, reviewers, and others who controlled content).</b>	(C7, SCS2)
8. A description of a planning process that was independent of the control of any ACCME-defined commercial interest (as adopted by the Society). Relate your description to each element of SCS 1.	(C7, SCS1)
9. Your organization's process(es) and mechanism(s) for disclosure to the learners of relevant financial relationships of all persons in a position to control educational content.	(C7, SCS 6.1-6.5)
10. Your organization's process(es) and mechanism(s) for disclosure to the learners of the source of support from commercial interests, including "in-kind" support.	

- B) You may feel that the two examples in Section III (A) do not provide you with adequate opportunity to sufficiently describe how you apply the Society's requirements in the development of your CME activities. Please feel free, in Section III (B), to provide other examples and descriptions that provide the Society with DIFFERENT information or DIFFERENT strategies that were not available in the two examples chosen in Section III (A), above. This is especially important for a description of your implementation of the **ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities<sup>SM</sup>** (as adopted by the Society).

#### Recording and verifying physician participation

- A) **Describe** the mechanism your organization uses to record and verify physician participation for six years from the date of your CME activities.
- B) Using the information from one of the example activities in Section III (A) or (B), above, **show** the Society the information or reports your mechanism can produce for an individual participant.

#### IV) Regarding your Program of CME, your Educational Activities and the ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities (as adopted by the Society) (Criteria 8-9)

- A) **Attach** your written policies and procedures governing honoraria for planners, teachers, and/or authors – or enter here, **“We do not provide honoraria in any form to planners, teachers, and/or authors.”** (C8 SCS 3.7-3.8)
- B) **Attach** your written policies and procedures governing reimbursement of expenses for planners, teachers, and/or authors – or enter here, **“We do not provide reimbursement of expenses in any form to planners, teachers, and/or authors.”** (C8 SCS 3.7-3.8)
- C) **Describe** what policy, procedure, or communications you employ to ensure that no direct payment from an ACCME-defined commercial interest (as adopted by the Society) is given to the director of an activity, any planning committee members, teachers or authors, joint sponsor, or any others involved in an activity. (C8 SCS 3.3; 3.9)
- D) **Describe** your process(es) for the receipt and disbursement of commercial support (both funds and in-kind support). (C8 SCS 3.1) – or enter here, **“We do not accept commercial support for any of our directly or jointly sponsored CME activities.”**
- E) **Describe** what policy, procedure or communications you employ to ensure that all commercial support is given with your organization's full knowledge and approval). (C8 SCS 3.3) – or enter here, **“We do not accept commercial support for any of our directly or jointly sponsored CME activities.”**
- F) **Describe** the practices or procedures or policies you have implemented to ensure that social events, or meals, at commercially supported CME activities cannot compete with or take precedence over educational events. (C8 SCS 3.11) – or enter here, **“We do not accept commercial support for any of our directly or jointly sponsored CME activities or enter here, “We do not provide social events or meals for any of our directly or jointly sponsored and commercially supported CME activities.”**
- G) Do you organize **commercial exhibits** in association with any of your CME activities? If “No,” write in this section, **“We do not organize commercial exhibits in association with any of our CME activities.”** If yes, **describe** how your organization ensures that arrangements for commercial exhibits do not (1) influence planning or interfere with the presentation and (2) are not a condition of the provision of commercial support for CME activities. (C9 SCS 4.1)

- H) Do you arrange for **advertisements** in association with any of your CME activities? If “No,” write in this section, **“We do not arrange for advertisements in association with any of our CME activities.”** If yes, **describe** how your organization ensures that advertisements or other product-promotion materials are kept separate from the education. In your description, distinguish between your processes related to advertisements and/or product promotion in each of the following types of CME activities: (1) print materials, (2) computer-based materials, (3) audio and video recordings, and (4) face-to-face. (C9 SCS 4.2, 4.4)

**V) Regarding the Content of your Continuing Medical Education Activities (Criterion 10 and Policy on Content Validation)**

- A) It is an expectation of the Society that,

<i>The content of CME activities does not promote the proprietary interests of any commercial interests. (i.e., there is not commercial bias)</i>	<i>(C10 SCS 5.1)</i>
<i>CME activities give a balanced view of therapeutic options, and that</i>	<i>(C10 SCS 5.2)</i>
<i>The content of CME activities is in Compliance with the ACCME’s content validity value statements (as adopted by the Society)</i>	<i>(Policy on Content Validation)</i>

**ACCME’s Policy on Content Validation (as adopted by the Society):** 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. 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. Providers are not eligible for accreditation or reaccreditation 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.

**Describe** how your CME activities and your program of continuing medical education ensure that these three expectations are fulfilled (e.g., planning, procedures, policy, monitoring).

**VI) Evaluation and Improvement (Criteria 11-15)**

The Society expects all providers to conduct an evidence-based self-assessment of the degree to which their CME Mission has been met.

- A) **Provide** the Society with your program-based analysis explaining the degree to which each element of your CME mission, as highlighted in Section II (B), has been met through the conduct of your CME activities/educational interventions. Integrate into this analysis the evidence (i.e., the data or information) on each element of your CME Mission upon which this analysis was based. Include data and information about changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program’s activities/educational interventions. (C11 and C12)

The Society expects that providers seeking reaccreditation will use the information described in Section VI (A), above, to identify opportunities, or areas, for improvements in the provider’s CME activities or CME organization.

- B) **Provide** the Society with a description of the areas, or opportunities, for improvement that you identified through your self assessment described in Section VI (A), above. (C13) For each area, or opportunity, for improvement, specify what change you will be making to alter your self-assessment results. Indicate if the change is still planned for implementation, or if it has already been implemented. (C14) Where possible, describe the impact of implemented changes. (C15)

## VII) Engagement with the Environment (Criteria 16-22)

**NOTE:** The information gathered through your organization's responses here will be used to determine eligibility for Accreditation with Commendation. All applicants must provide responses for each of these Criteria.

- A) If your organization integrates CME into the process for improving professional practice, **describe** how this integration occurs. Include **examples** of explicit organizational practices that have been implemented. (C16)
- B) If your organization utilizes non-education strategies to enhance change as an adjunct to its educational activities, **describe** the strategies that your organization has used as adjuncts to CME activities and how these strategies were designed to enhance change. Include in your description an explanation of how the non-education strategies were connected to either an individual activity or group of activities. Include **examples** of non-education strategies that have been implemented. (C17)
- C) If your organization identifies factors outside of its control that will have an impact on patient outcomes, **describe** those factors. Include **examples** of identifying factors outside of your organization's control that will have an impact on patient outcomes. (C18)
- D) If your organization implements educational strategies to remove, overcome, or address barriers to physician change, **describe** these strategies. Include **examples** of educational strategies that have been implemented to remove, overcome, or address barriers to physician change. (C19)
- E) If your organization is engaged in collaborative or cooperative relationships with other stakeholders, **describe** these relationships. Include **examples** of collaboration and cooperation with other stakeholders. (C20)
- F) If your CME unit participates within an institutional or system framework for quality improvement, **describe** this framework. Include **examples** of your CME unit participating within an institutional or system framework for quality improvement. (C21)
- G) If your organization has positioned itself to influence the scope and content of activities/educational interventions, **describe** organizational procedures and practices that support this. Include **examples** of how your organization is positioned to influence the scope and content of activities/educational interventions. (C22)