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**General Information**

In the United States, there are 42 state/territory medical societies recognized as accreditors by the Accreditation Council for Continuing Medical Education (ACCME). These Recognized Accreditors oversee nearly 1,300 state-accredited providers, including community hospitals, state specialty societies, and county medical societies.

Each year, accredited intrastate providers offer more than 44,000 CME activities in communities across the country, drawing more than four (4) million health care practitioner participants. All CME programs within the ACCME system are held to the same high standards.

Within the ACCME system, all accredited providers meet one set of standards and are accredited using an ACCME-determined process. All the accredited CME generated by a provider within the ACCME system (i.e., ACCME-accredited CME) meets the same requirements and standards. Operationally, within the ACCME system, there is a distribution of responsibility for accreditation between the ACCME and its recognized state and territorial accreditors, based on the target audience of the providers (i.e., the ACCME conducts the accreditation of providers that have a national audience and the state medical societies conduct the accreditation of providers of CME for their state or contiguous states). The accreditor is the only difference between ACCME-accredited providers and state medical society accredited providers. All the accredited CME events/activities presented by these providers are ACCME-accredited CME, and all ACCME-accredited CME is required to meet the same ACCME requirements. The ACCME has processes in place to ensure this identity and has data that verifies this identity. Each CME provider in the ACCME system can be identified by and ACCME Provider Number. All CME providers in the ACCME system are listed on [www.accme.org](http://www.accme.org).

Organizations whose programs of CME primarily serve physician learners, 70% or more of whom are from the home or contiguous state(s)* of the organization, are eligible to seek accreditation from an ACCME Recognized State Medical Society.

*Contiguous states to Wisconsin are: Illinois, Iowa, Michigan and Minnesota.*
The Wisconsin Medical Society (Society) has adopted all Accreditation Council for Continuing Medical Education (ACCME) accreditation criteria and policies.

Any reference to the ACCME in this document also refers to the Society.
Accreditation Requirements and Descriptions

NOTE REGARDING CHANGES THAT TOOK PLACE IN 2014

SIMPLIFICATION
This document has been updated to reflect the changes adopted by the ACCME and the Wisconsin Medical Society (Society) in early 2014. These changes include the simplification, elimination and modification of some requirements.

INTEGRATION
The Society has incorporated all accreditation requirements – including several operational policies and the annual report glossary – in this one document, for your convenience. There are no new requirements.

ACCREDITATION CRITERIA
Criterion 1 has been simplified. Criteria 4, 14 and 15 have been eliminated. The eliminated criteria are noted in red. To avoid confusion, the numbering of the criteria has not changed.

STANDARDS FOR COMMERCIAL SUPPORT (SCS)
Standard 4.2 incorporates the requirements related to Internet CME and journal-based CME that previously were included in the policies. These changes are noted in blue. Standards 4.3 and 6.4 incorporate the prohibition against using ACCME-defined commercial interest logos in disclosure of commercial support. These changes are noted in blue.

TERMINOLOGY
The Society has replaced the term “joint sponsorship” with “joint providership” throughout the requirements, including in the Standards for Commercial Support and in the Accreditation Statement Policy. The term “essentials” in the accreditation statement has been replaced with the term “accreditation requirements.”

POLICIES

CME Program and Activity Administration: The Organizational Mission and Framework Policy has been eliminated.

The CME Program and Activity Administration section now includes the following policies that were moved from other requirements into this document:

- English as Official Language for Accreditation and Recognition Procedures
- HIPAA Compliance Attestation
- Administrative Deadlines

This section also includes the following policy that was moved from the Enduring Materials Policy, so that it now accompanies other policy related to content validation.

- Content Validity of Enduring Materials

Policies Supplementing the Standards for Commercial Support: The Commercial Support Acknowledgments Policy has been modified to incorporate the prohibition against using ACCME-defined commercial interest logos in commercial support acknowledgments. This change is noted in blue.
CME Activity Types: This CME Activity Types section in the policies has been eliminated. Some of the special requirements for Internet CME, enduring materials, regularly scheduled series and journal-based CME were eliminated as part of the simplification process. The remaining requirements relate to the Standards for Commercial Support and therefore have been incorporated into the Standards, as described above. Previously, these policies also included descriptions of these activity types. These are not requirements, but rather, descriptions used by accredited providers for annual reporting. These descriptions are incorporated into the annual reports to present the diversity of accredited CME. These descriptions have been incorporated into the annual report glossary, which is included in this document.

Annual Report Glossary: The annual report glossary includes descriptions of CME activity types that previously were included in the policies, as well as other explanations and descriptions related to annual reporting. The glossary was edited in June 2014 to incorporate the Program and Activity Reporting System (PARS) changes for the 2015 reporting year.

ACCREDITATION CRITERIA

The Accreditation Criteria are divided into three levels. To achieve Provisional Accreditation, a two-year term, providers must comply with Criteria 1, 2, 3 and 7–12. Providers seeking full Accreditation or reaccreditation for a four-year term must comply with Criteria 1–13. To achieve Accreditation with Commendation, a six-year term, providers must comply with all Criteria.

Criterion 1: The provider has a CME mission statement that includes expected results, articulated in terms of changes in competence, performance or patient outcomes, that will be the result of the program.

Criterion 2: The provider incorporates into CME activities the educational needs (knowledge, competence or performance) that underlie the professional practice gaps of their own learners.

Criterion 3: The provider generates activities/educational interventions that are designed to change competence, performance or patient outcomes, as described in its mission statement.

Criterion 4: This criterion has been eliminated effective February 2014.

Criterion 5: The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.

Criterion 6: The provider develops activities/educational interventions in the context of desirable physician attributes [e.g., Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) competencies].

Criterion 7: The provider develops activities/educational interventions independent of commercial interests. (SCS 1, 2 and 6).

Criterion 8: The provider appropriately manages commercial support (if applicable, SCS 3 of the ACCME Standards for Commercial SupportSM).

Criterion 9: The provider maintains a separation of promotion from education (SCS 4).

Criterion 10: The provider actively promotes improvements in health care and not proprietary interests of a commercial interest (SCS 5).
Criterion 11: The provider analyzes changes in learners (competence, performance or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

Criterion 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.

Criterion 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.

**Criterion 14: This criterion has been eliminated effective February 2014.**

**Criterion 15: This criterion has been eliminated effective February 2014.**

**ACCREDITATION WITH COMMENDATION**

**Please note that the criteria for commendation are currently under review. If changes occur, providers will be notified and this document will be updated.**

Criterion 16: The provider operates in a manner that integrates CME into the process for improving professional practice.

Criterion 17: The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).

Criterion 18: The provider identifies factors outside the provider’s control that impact on patient outcomes.

Criterion 19: The provider implements educational strategies to remove, overcome or address barriers to physician change.

Criterion 20: The provider builds bridges with other stakeholders through collaboration and cooperation.

Criterion 21: The provider participates within an institutional or system framework for quality improvement.

Criterion 22: The provider is positioned to influence the scope and content of activities/educational interventions.
STANDARDS FOR COMMERCIAL SUPPORT: STANDARDS TO ENSURE INDEPENDENCE IN CME ACTIVITIES

STANDARD 1: INDEPENDENCE

STANDARD 1.1 -- A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (See the Policies Supplementing the Standards for Commercial Support on page 16 for a definition of a "commercial interest" and some exemptions.) (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.

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

STANDARD 2: RESOLUTION OF PERSONAL CONFLICTS OF INTEREST

STANDARD 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 ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

STANDARD 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.

STANDARD 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

STANDARD 3.1 -- The provider must make all decisions regarding the disposition and disbursement of commercial support.

STANDARD 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.

STANDARD 3.3 -- All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

STANDARD 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 provider.

STANDARD 3.5 -- The written agreement must specify the commercial interest that is the source of commercial support.

STANDARD 3.6 -- Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

STANDARD 3.7 -- The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.
STANDARD 3.8 -- The provider, the joint provider 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.

STANDARD 3.9 -- No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint provider or any others involved with the supported activity.

STANDARD 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.

STANDARD 3.11 -- Social events or meals at CME activities cannot compete with or take precedence over the educational events.

STANDARD 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 provider or educational partner.

STANDARD 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

STANDARD 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.

STANDARD 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. (Supplemented February 2014; the information in blue previously appeared in ACCME policies. No changes have been made to the language.) Also, ACCME-accredited providers may not place their CME activities on a website owned or controlled by a commercial interest. With clear notification that the learner is leaving the educational website, links from the website of an ACCME 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 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.

- **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.

• (Supplemented, February 2014; the information in blue previously appeared in ACCME policies. No changes have been made to the language.) For journal-based CME, none of the elements of journal-based CME can contain any advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

STANDARD 4.3 -- Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

STANDARD 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.

STANDARD 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

STANDARD 5.1 -- The content or format of a CME activity or its related materials must promote improvements or quality in health care and not a specific proprietary business interest of a commercial interest.

STANDARD 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

STANDARD 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.

STANDARD 6.2 -- For an individual with no relevant financial relationship(s), the learners must be informed that no relevant financial relationship(s) exist.

STANDARD 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.

STANDARD 6.4 -- 'Disclosure' must never include the use of a corporate logo, trade name or a product group message of an ACCME-defined commercial interest.

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

The ACCME issues policies that supplement the Accreditation Criteria and Standards for Commercial Support. Accredited providers must adhere to the policies that are relevant to their organizations, as well as, to the Accreditation Criteria and the Standards for Commercial Support.

ACCME notes – which provide explanatory information about the policies – and other educational resources are available at www.accme.org.

GOVERNANCE

Public and Confidential Information About Accredited Providers: The following information is considered public information, and therefore may be released by the ACCME. Public information includes certain information about accredited providers, and ACCME reserves the right to publish and release to the public, including on the ACCME website, all public information:

1. Names and contact information for accredited providers;
2. Accreditation status of provider;
3. Some annual report data submitted by the accredited provider, including for any given year:
   - Number of activities;
   - Number of hours of education;
   - Number of physician participants;
   - Number of non-physician participants;
   - Accepts commercial support (yes or no);
   - Accepts advertising/exhibit revenue (yes or no);
   - Participates in joint providership (yes or no);
   - Types of activities produced (list)

Note: The ACCME will not release any dollar amounts reported by individual accredited providers for income, expenses, commercial support or advertising/exhibits.

4. Aggregated accreditation finding and decision data broken down by provider type;
5. Responses to public calls for comment initiated by the ACCME;
6. Executive summaries from the ACCME Board of Directors’ Meetings (exclusive of actions taken during executive session); and
7. Any other data/information that ACCME believes qualifies as “public information.”

The ACCME will maintain as confidential information, except as required for accreditation purposes, or as may be required by legal process or as otherwise authorized by the accredited provider to which it relates:

1. To the extent not described as public information above, information submitted to the ACCME by the provider during the initial or reaccreditation decision-making processes for that provider;
2. Correspondence relating to the accreditation process for a provider; and
3. Proceedings (e.g., Board minutes, transcripts) relating to a provider, other than the accreditation outcome of such proceedings.
In order to protect confidential information, ACCME and its volunteers are required:

1. Not to make copies of, disclose, discuss, describe, distribute or disseminate in any manner whatsoever, including in any oral, written, or electronic form, any confidential information that the ACCME or its volunteers receive or generate, or any part of it, except directly for the accreditation or complaint/inquiry decision-making purposes;

2. Not to use such confidential information for personal or professional benefit, or for any other reason, except directly for ACCME purposes.

RULE-MAKING POLICY

1. The notice and comment procedures utilized for the adoption of rules and policies that directly impact members and accredited providers (the "Notice and Comment Procedures") shall not apply to matters relating to internal structure, management, personnel or business policy/practices.
   a. The Notice and Comment Procedures will only apply to matters that directly and materially impact accredited providers’ ability to conduct business.
   b. The ACCME, in its sole discretion, will assess if any particular rule or policy will be subject to the Notice and Comment Procedures.

2. If the ACCME decides to seek and accept public comment or input, then the ACCME will publish the proposed rule or policy on its website and state that interested persons have an opportunity to submit written data, views or arguments with or without opportunity for oral presentation.

3. If the ACCME decides to seek and accept public comment or input, then at least 30 days will be given to provide that comment or input; provided, however, that if the ACCME determines that there is a pressing need for issuance of a rule or policy on an expedited basis, the ACCME may either shorten or eliminate the period of time during which public comments may be submitted.

4. After any period for public comment, the proposed rule or policy will be submitted to the ACCME Board of Directors. The ACCME Board of Directors may modify, reject, defer and/or adopt the proposed rule or policy. Subject to the rights of ACCME Members contained in Article III, Section 2(c) of the ACCME Bylaws, the decision of the ACCME Board of Directors shall be final and there shall be no appeal there from.

5. The final rule or policy as approved by the ACCME Board of Directors will be posted on the ACCME website, which will include an effective date for the final rule or policy.
ORGANIZATIONAL MISSION AND FRAMEWORK: This policy has been eliminated effective February 2014.

CME Program Business and Management Procedures: The accredited provider must operate the business and management policies and procedures of its CME program, as they relate to human resources, financial affairs and legal obligations, so that its obligations and commitments are met.

English as Official Language for Accreditation Procedures: The Society conducts its affairs in English. Society standards do not require that providers conduct all their business or continuing medical education in English. However, the Society does require that:

1. All written or electronic communications or correspondence with the Society (irrespective of medium) are in English.
2. Any application and/or self-study reports for accreditation be submitted to the Society in English.
3. The Society is provided with English translations of any written materials requested by the Society in the course of its accreditation or monitoring process.
4. Any Society interview for accreditation be conducted in English or have the services of an English translator, acceptable to the Society, provided and paid for by the applicant organization.

HIPAA Compliance Attestation: Every provider applying either for initial accreditation or reaccreditation must attest to the following:

“The materials we submit for reaccreditation (self-study report, activity files, other materials) will not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA), as amended.”

Accreditation Statement: The accreditation statement must appear on all CME activity materials and brochures distributed by accredited organizations, except that the accreditation 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 such as the date, location and title. If more specific information is included, such as faculty and objectives, the accreditation statement must be included.

The accreditation statement is as follows:

For directly provided activities: “The (name of accredited provider) is accredited by the Wisconsin Medical Society to provide continuing medical education for physicians.”

For jointly provided activities: “This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Wisconsin Medical Society through the joint providership of (name of accredited provider) and (name of nonaccredited provider). The (name of accredited provider) is accredited by the Wisconsin Medical Society to provide continuing medical education for physicians.”

There is no "co-providership" accreditation statement. If two or more accredited providers are working in collaboration on a CME activity, one provider must take responsibility for the compliance of that activity. Co-provided CME activities should use the directly provided activity statement, naming the one accredited provider that is responsible for the activity. The ACCME has no policy regarding specific ways in which providers may acknowledge the involvement of other accredited providers in their CME activities.
**CME Content -- Definition and Examples:** 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.

**CME Clinical 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.
3. Providers are not eligible for 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 Validity of Enduring Materials:** Providers that produce enduring materials must review each enduring material at least once every three years or more frequently if indicated by new scientific developments. So, while providers can review and re-release an enduring material every three years (or more frequently), the enduring material cannot be offered as an accredited activity for more than three years without some review on the part of the provider to ensure that the content is still up-to-date and accurate. That review date must be included on the enduring material, along with the original release date and a termination date.

**CME Content and the American Medical Association Physician’s Recognition Award:** All CME educational activities developed and presented by a provider accredited by the ACCME and state system and associated with *AMA PRA Category 1 Credit™* must be developed and presented in compliance with all 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 accreditation process as verification of fulfillment of the accreditation requirements.

**CME Activity and Attendance Records Retention:**

1. **Attendance Records:** An accredited provider must have mechanisms in place to record and, when authorized by the participating physician, verify participation for **six years** from the date of the CME activity. The accredited provider is free to choose whatever registration method works best for their organization and learners. The ACCME does not require sign-in sheets.
2. **Activity Documentation:** An accredited provider is required to retain activity files/records of CME activity planning and presentation during the current accreditation term or for the last twelve months, whichever is longer.

**Administrative Deadlines:** Accredited providers are accountable for meeting administrative deadlines. Failure to meet administrative deadlines could result in (a) an immediate change of status to Probation, and (b) subsequent consideration by the Council on Medical Education and Professional Development for a change of status to Nonaccreditation.
**Fees for Accredited Providers**: Accredited providers are accountable for timely submission of fees that are required either to attain or maintain accreditation. Failure to meet deadlines could result in an immediate change of status to Probation, and subsequent consideration by the Council on Medical Education and Professional Development for a change of status to Nonaccreditation.

**Society Logo Usage**: Society logos are approved for use only on Society documents and letterhead or in the case of approved joint providership of a CME activity. The Society logo is prohibited for use by any other organization on promotional conference materials.

**JOINT PROVIDERSHIP**

The ACCME defines joint providership as the providership of a CME activity by one accredited and one nonaccredited organization. Therefore, accredited providers that plan and present one or more activities with nonaccredited providers are engaging in “joint providership.” Please note: the ACCME does not intend to imply that a joint providership relationship is an actual legal partnership. Therefore, the ACCME does not include the words partnership or partners in its definition of joint providership or description of joint providership requirements.

The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a nonaccredited organization and must use the appropriate accreditation statement.

**Informing Learners**: The accredited provider must inform the learner of the joint providership relationship through the use of the appropriate accreditation statement. All printed materials for jointly provided activities must carry the appropriate accreditation statement.

“This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Wisconsin Medical Society through the joint providership of (name of accredited provider) and (name of nonaccredited provider). The (name of accredited provider) is accredited by the Wisconsin Medical Society to provide continuing medical education for physicians.” — Accreditation Statement Policy

**Fees**: The Society maintains no policy that requires or precludes accredited providers from charging a joint providership fee.

**Compliance and Noncompliance Issues**: It is expected that all CME activities be in compliance with the accreditation requirements. In cases of joint providership, it is the accredited provider’s responsibility to be able to demonstrate through written documentation this compliance to the Society. Materials submitted that demonstrate compliance may be from either the accredited provider’s files or those of the nonaccredited provider.

**Providers on Probation**: If a provider is placed on Probation, it may not jointly provide CME activities with nonaccredited providers, with the exception of those activities that were contracted prior to the Probation decision. A provider that is placed on Probation must inform the Society of all existing joint providership relationships and must notify its current contracted joint providers of its probationary status.
POLICIES SUPPLEMENTING THE STANDARDS FOR COMMERCIAL SUPPORT

Definition of a Commercial Interest: A commercial interest is any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients.

The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

A commercial interest is not eligible for accreditation. Commercial interests cannot be accredited providers and cannot be joint providers. Within the context of this definition and limitation, the ACCME considers the following types of organizations to be eligible for accreditation and free to control the content of CME:

- 501(c) Nonprofit organizations (note, ACCME screens 501(c) organizations for eligibility. Those that advocate for commercial interests as a 501(c) organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint provider, but they can be a commercial supporter.)
- 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

ACCME reserves the right to modify this definition and this list of eligible organizations without notice.

Financial Relationships and Conflicts of Interest: Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers’ bureau, 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. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

There is not a set minimum dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship.

With respect to personal financial relationships, contracted research includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant.
Conflict of Interest: Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

The ACCME 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 ACCME considers “content of CME about the products or services of that commercial interest” to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

With respect to financial relationships with commercial interests, when a person divests themselves of a relationship it is immediately not relevant to conflicts of interest, but it must be disclosed to the learners for 12 months.

Disclosure of Financial Relationships to the Accredited Provider: Individuals need to disclose relationships with a commercial interest if both (a) the relationship is financial and occurred within the past 12 months and (b) the individual has the opportunity to affect the content of CME about the products or services of that commercial interest.

Commercial Support -- Definition and Guidance Regarding Written Agreements: Commercial Support is financial, or in-kind, contributions given by a commercial interest that is used to pay all or part of the costs of a CME activity.

When there is commercial support there must be a written agreement that is signed by the commercial interest and the accredited provider prior to the activity taking place.

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.

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 accreditation requirements.

Element 3.12 of the ACCME’s Updated Standards for Commercial Support applies only to physicians whose official residence is in the United States.

Verbal Disclosure to Learners: Disclosure of information about relevant financial relationships may be disclosed verbally to participants at a CME activity. When such information is disclosed verbally at a CME activity, providers must be able to supply the Society with written verification that appropriate verbal disclosure occurred at the activity. With respect to this written verification:

1. A representative of the provider who was in attendance at the time of the verbal disclosure must attest, in writing:
   a. that verbal disclosure did occur; and
   b. itemize the content of the disclosed information (SCS 6.1); or that there was nothing to disclose (SCS 6.2).

2. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.
Commercial Support – Acknowledgments: The provider’s acknowledgment of commercial support as required by SCS 6.3 and 6.4 may state the name, mission and areas of clinical involvement of an ACCME-defined commercial interest but may not include corporate logos and slogans.

Commercial Exhibits and Advertisements: Commercial exhibits and advertisements are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be commercial support. However, accredited providers are expected to fulfill the requirements of SCS 4 and to use sound fiscal and business practices with respect to promotional activities.

YEAR-END REPORTING REQUIREMENTS

Each year, accredited providers must fulfill year-end reporting requirements in order to maintain their accreditation status. To meet year-end reporting requirements accredited providers need to (1) confirm/update your contact information; and (2) complete entry of activity and program summary data for the year. This data is submitted through the ACCME's Program and Activity Reporting System (PARS), a Web-based portal designed to streamline and support the collection of program and activity data from accredited continuing medical education providers.

Currently the year-end reporting deadline is the last business day in March of each year for the previous calendar year. For example, the deadline to report 2014 activity and program data would be March 30, 2015.

Accredited providers that do not meet the year-end reporting requirements by the due date are subject to a change of their accreditation status to Probation.

The program and activity data enables the ACCME to produce annual report data, which offers a comprehensive analysis of the size and scope of the CME enterprise nationwide, presenting statistics on CME program revenue, funding, participants, activities and activity formats. The annual report data is published annually as a service to accredited providers, other stakeholders and the public. Please refer to the ACCME Public and Confidential Information about Accredited Providers policy for more information.
The annual report glossary includes descriptions of CME activity types that previously were included in the policies, as well as other explanations and descriptions related to annual reporting. The glossary was edited in June 2014 to incorporate the PARS changes for the 2015 reporting year.

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACCME-accredited Provider</td>
<td>An organization accredited by the ACCME as a provider of continuing medical education. ACCME-accredited providers represent a range of organizational types and offer CME primarily to national or international audiences of physicians and other health care professionals. See also state-accredited providers.</td>
</tr>
<tr>
<td>Advertising and Exhibits Income</td>
<td>Advertising and exhibits are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be commercial support.</td>
</tr>
<tr>
<td>CME Activity</td>
<td>A CME activity is an educational offering that is planned, implemented and evaluated in accordance with the ACCME Accreditation Criteria, Standards for Commercial Support and Policies.</td>
</tr>
<tr>
<td>Commercial Interest</td>
<td>A commercial interest, as defined by the ACCME, is any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for ACCME accreditation.</td>
</tr>
<tr>
<td>Commercial Support</td>
<td>Commercial support for a CME activity is monetary or in-kind contributions given by a commercial interest that is used to pay all or part of the costs of a CME activity. The requirements for receiving and managing commercial support are explained in the ACCME Standards for Commercial SupportSM. Advertising and exhibit income is not considered commercial support.</td>
</tr>
<tr>
<td>Committee Learning</td>
<td>Committee learning is a CME activity that involves a learner’s participation in a committee process addressing a subject that would meet the ACCME definition of CME if it were taught or learned in another format.</td>
</tr>
<tr>
<td>Course</td>
<td>A course is a live CME activity where the learner participates in person. A course is planned as an individual event. Examples: annual meeting, conference, seminar. For events with multiple sessions, such as annual meetings, accredited providers report one (1) activity and calculate the hours of instruction by totaling the hours of all educational sessions offered for CME credit. To calculate the numbers of learners, accredited providers report the number of learners registered for the overall event. Accredited providers are not required to calculate participant totals from the individual sessions. If a course is held multiple times for multiple audiences, then each instance is reported as a separate activity.</td>
</tr>
<tr>
<td>Directly Provided</td>
<td>A directly provided activity is one that is planned, implemented and evaluated by the accredited provider. This definition includes co-provided activities (offered by two accredited providers) reported by the accredited provider that awards the credit.</td>
</tr>
<tr>
<td>Enduring Material (other)</td>
<td>An enduring material is an activity that is printed or recorded and does not have a specific time or location designated for participation. Rather, the participant determines where and when to complete the activity. Sometimes providers will create an enduring material from a live CME activity. When this occurs, ACCME considers the provider to have created two separate activities – one live activity and one enduring material activity. Both activities must comply with all ACCME requirements. Enduring materials can be available for less than a year, a year or multiple years. Each enduring material is counted as one activity for each year it is available, whether it is active for the entire year or part of the year. The accredited provider reports the number of learners who participated during the year, as well as the required financial information related to the activity for that year. Accredited providers do not report cumulative data for an enduring material activity spanning multiple years. When reporting the number of participants for an enduring material activity, the accredited provider should count all learners who completed all or a portion of the activity and whose participation can be verified in some manner. ACCME would not consider individuals who only received the enduring material activity but did not actually complete all or a portion of it to be participants.</td>
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</tr>
<tr>
<td>Expenses</td>
<td>Expenses are the total cost of goods, services and facilities allocated to support the accredited provider’s CME program. Examples: amounts spent for CME staff salaries, faculty honoraria and meeting space. Effective with the 2015 reporting year, the ACCME will no longer collect information about CME program expenses.</td>
</tr>
<tr>
<td>Hours of Instruction</td>
<td>Hours of instruction represents the total hours of educational instruction provided. For example, if a one-day course lasts eight (8) hours (not including breaks or meals), then the total hours of instruction reported for that course is eight. Hours of instruction may or may not correspond to the number of credits designated for the American Medical Association Physician's Recognition Award. For activities taking place through the 2014 reporting year, accredited providers have the option to report the number of AMA PRA Category 1 Credit(s)™ designated for activities. Effective with the 2015 reporting year, providers are required to report the number of credits, if AMA PRA Category 1 Credit(s)™ is offered.</td>
</tr>
<tr>
<td>In-kind Commercial Support</td>
<td>In-kind contributions are nonmonetary resources provided by a commercial interest in support of a CME activity. Examples of in-kind support include equipment, supplies and facilities.</td>
</tr>
<tr>
<td>Internet (enduring materials)</td>
<td>An Internet enduring material activity is an &quot;on demand activity,&quot; meaning that there is no specific time designated for participation. Rather, the participant determines when to complete the activity. Examples: online interactive educational module, recorded presentation, podcast. Internet enduring materials can be available for less than a year, a year or multiple years. Each Internet enduring material is counted as one (1) activity for each year it is available, whether it is active for the entire year or part of the year. The accredited provider reports the number of learners who participated during the year, as well as the required financial information related to the activity for that year. Accredited providers do not report cumulative data for an Internet enduring material activity spanning multiple years. When reporting the number of participants</td>
</tr>
</tbody>
</table>
for an internet enduring material activity, the accredited provider should count all learners who completed all or a portion of the activity and whose participation can be verified in some manner. ACCME would not consider individuals that only downloaded or accessed the activity but did not actually complete all or a portion of it to be participants.

| Internet (live) | An Internet live activity is an online course available via the Internet at a certain time on a certain date and is only available in real-time, just as if it were a course held in an auditorium. Once the event has taken place, learners may no longer participate in that activity unless it is again presented on a specific date and time and is only available in real-time. If an Internet live activity is presented on multiple occasions, each event is counted as one activity. Example: Webcast. |
| Internet Searching and Learning | Internet searching and learning CME is based on a learner identifying a problem in practice and then researching the answer online using sources that are facilitated by an accredited provider. For the purpose of ACCME data collection, the ACCME includes Internet point-of-care learning, as defined by the American Medical Association, in the category Internet searching and learning. Providers that offer Internet searching and learning CME aggregate their data from all learners and report it as a single activity. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the Internet searching and learning CME activity. The number of participants equals the total number of persons who participated in Internet searching and learning as a CME activity. Each participant is counted once, regardless of how many times they participated or how many pages they viewed. For example, a provider offers Internet searching and learning CME and 50 physicians participate. Each physician spent 30 minutes participating in this activity. The accredited provider reports this as one (1) Internet searching and learning CME activity with 50 physician participants and 0.5 hours of instruction. |
| Jointly Provided | A jointly provided activity is planned, implemented and evaluated by the accredited provider and a nonaccredited entity. |
| Journal-based CME | 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 ACCME does not consider a journal-based CME activity to have been completed until the learner documents participation in that activity to the provider. Each article is counted as one (1) activity. To calculate hours of instruction, the accredited provider specifies the amount of time required to complete the activity. The number of participants reported by the accredited provider equals the total number of individuals who completed the activity. Each participant is counted once, regardless of how many times they worked on the activity. For example, an accredited provider produces a journal that contains an article that is designated as a journal-based CME activity. Twenty (20) physicians read the article, reflect on the content and complete questions related to the content of the article. The physicians spend one (1) hour on this activity. The provider would report this as one (1) journal-based CME activity with 20 physician participants and one (1) hour of instruction. |
## Learning from Teaching

Learning from teaching activities are personal learning projects designed and implemented by the learner with facilitation from the accredited provider. The ACCME does not have special requirements for this activity type. The ACCME developed the learning from teaching label as a corollary to the **AMA PRA Category 1 Credit(s)**™ awarded directly to physicians for "teaching at a live activity."

To report learning from teaching CME, accredited providers aggregate the data from all learners and count it as a single activity. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the learning from teaching CME activity. The number of participants equals the number of individuals who participated in this CME activity. Each participant is counted once, regardless of how many times they worked on the activity.

For example, an accredited provider created a learning from teaching activity for 10 physicians. Each physician completed the CME activity in two (2) hours. The accredited provider reports this as one (1) learning from teaching CME activity with 10 physician participants and two (2) hours of instruction.

## Manuscript Review

Manuscript review CME is based on a learner’s participation in a manuscript’s pre-publication review process.

When calculating the number of manuscript review CME activities, accredited providers report each journal for which the manuscript(s) is being reviewed as one activity regardless of the number of manuscripts or reviewers. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the manuscript review CME activity. The number of participants equals the total number of learners engaged in reviewing manuscripts as CME. Each participant is counted once regardless of how many manuscripts they reviewed.

For example, an accredited provider publishes one (1) journal. During the course of the year, 25 physicians reviewed manuscripts for this journal. Each physician spent two (2) hours on the review. The accredited provider reports this as one (1) manuscript review CME activity with 25 physician participants and two (2) hours of instruction.

## Nonphysician Participants

Please see **other learners**.

## Other Income

Other income includes all income the accredited provider received for its CME activities and CME program that does not fall under commercial support or advertising and exhibit income. The most common examples of other income include activity registration fees, grants from government agencies or independent nonprofit foundations, and allocations from the accredited provider's parent organization or other internal departments to pay for the CME unit’s expenses.

Effective with the 2015 reporting year, this category is eliminated. It is replaced with three specific income categories: registration fees, government grants and private donations including grants from foundations. Providers will no longer be required to include allocations from their parent organization or other internal departments.

## Other Learners

Effective with the 2015 reporting year, other learners replaces the term nonphysician participants. This category continues to include activity participants other than MDs and DOs. Residents are no longer included in this category; beginning with the 2015 reporting year they are included as physician participants.
**Performance Improvement**

Performance improvement CME is based on a learner’s participation in a project established and/or guided by a CME provider. A physician identifies an educational need through a measure of his/her performance in practice, engages in educational experiences to meet the need, integrates the education into patient care and then re-evaluates his/her performance.

To report performance improvement CME, accredited providers count each learning project as one performance improvement CME activity, regardless of whether it is created for an individual physician or a group of physicians. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the performance improvement CME activity. The number of participants equals the total number of learners who participated in the learning project. Each participant is counted once, regardless of how many times they worked on the activity.

For example, an accredited provider established a performance improvement learning project. Three (3) physicians participated; each completed the learning project in 20 hours. The accredited provider reports this as one (1) performance improvement CME activity with three (3) physician participants and 20 hours of instruction.

**Physician Participants**

Physician participants are activity participants who are MDs or DOs. Through the 2014 reporting year, residents are not included in this category, but are included under nonphysician participants. Effective with the 2015 reporting year, residents are included as physician participants.

**Regularly Scheduled Series**

The ACCME defines a regularly scheduled series (RSS) as a course that is planned as a series with multiple, ongoing sessions (e.g., offered weekly, monthly or quarterly) and is primarily planned by and presented to the accredited organization’s professional staff. Examples include grand rounds, tumor boards and morbidity and mortality conferences.

Accredited providers report each RSS as one (1) activity. In addition, accredited providers follow the following guidelines:

- The cumulative number of hours for all sessions within a series equals the number of hours for that activity; and
- Each learner is counted as a participant for each session he/she attends in the series.

For example: Internal Medicine Grand Rounds is planned for the entire year as one (1) series. Participants meet weekly during the year for one (1) hour each week. The accredited provider reports the series as one (1) activity with 52 hours of instruction. If 20 physicians participated in each session, total physician participants would be 1,040 (20 physicians per session multiplied by 52 sessions) for that single activity.

**State-accredited Provider**

State-accredited providers are accredited by a state/territory medical society that is recognized by the ACCME as an accreditor. State-accredited providers offer CME primarily to learners from their state or contiguous states as opposed to ACCME-accredited providers, which offer CME primarily to national or international audiences.
| Test-Item Writing | Test-item writing is a CME activity based on a learner’s participation in the pre-publication development and review of any type of test item. Examples: multiple choice questions, standardized patient cases.

Test-item writing CME activities may consist of either of the following processes:

- When questions are written for an item pool and are later used to build a variety of tests, then building the questions for a single pool is counted as one activity. Examples: the Pediatric Item Writing Committee of the National Board of Medical Examiners or the second year clerkship exams at a medical school.

- When questions, items, or cases are created for one specific test, then each test is counted as a separate CME activity. Example: multiple choice questions for the 2012 clerkship exam in pediatrics.

For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the test-item writing CME activity. The number of participants should equal the total number of persons who engaged in the test-item writing CME activity. Each participant is counted once regardless of how many test items they write.

For example, an accredited provider planned a CME activity where five (5) physicians wrote test items for an American Board of Medical Specialties (ABMS) member board certification examination question pool. Each physician completed the test-item writing CME activity in 10 hours. The accredited provider reports this as a test-item writing CME activity with five (5) physician participants and 10 hours of instruction. |
The following outline is a guide for processing complaints/inquiries received by the Wisconsin Medical Society (Society) Council on Medical Education and Professional Development (Council) which indicates that an accredited provider may not be in compliance with the Accreditation Criteria 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 Society’s Medical Education and Professional Development (MEPD) staff will review the complaint/inquiry to determine whether it relates to the manner in which the intrastate provider complies with the Accreditation Criteria or Policies or follows established accreditation policies.

   a. If the complaint/inquiry is judged not to relate to compliance with Accreditation Criteria or Policies or to established accreditation policies, the person initiating the complaint shall be notified by the Society.

   b. If the complaint/inquiry is judged to be related to compliance with the Accreditation Criteria 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, 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 Society to the provider.

         (b) The 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 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 provider must be accountable for any complaints/inquiries received by the Council is limited to 12 months from the date of the activity, or in the case of a series, 12 months from the date of the activity 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 Wisconsin Medical Society (Society) Council on Medical Education and Professional Development (Council) justifies a different accreditation decision. Adverse accreditation decisions are defined as decisions of Probation or Nonaccreditation and may be reconsidered by the Council as follows:

1. Reconsideration
   a. The decision by the Council 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 organization in a notification letter (via certified mail with return receipt requested) that 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 30 calendar days of receipt of letter), shall automatically stay the adverse accreditation decision until the reconsideration is completed. The accreditation status of the organization, 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 by an organization within 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 organization 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 organization, surveyor notes and data collection instruments prepared by the survey team and any materials given to the survey team on site by the accredited organization. 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. 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 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 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 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 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, or (2) not supported by substantial evidence.

The accreditation status of the 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 chairperson of the Board, a non-voting member of the Council on Medical Education and Professional Development 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 shall be prepared by the chair of the Council of seven (7) individuals representing accredited institutions in Wisconsin who are qualified and willing to serve as members of an appeal board. This list of seven, none of whom are current members of the Council, shall be sent by certified mail, return receipt requested, to the appellant who may eliminate up to two (2) names from the list and shall notify the chair of his/her selections within ten (10) days of 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 60 calendar days following the appointment of an appeal board.

At least 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 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 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 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 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 organization shall be final, and the Wisconsin Medical Society Board of Directors and the Council on Medical Education and Professional Development 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 on Medical Education and Professional Development 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.
The American Medical Association (AMA) describes the requirements that must be followed by accredited continuing medical education (CME) providers in order to certify activities for AMA PRA Category 1 Credit™ and award credit to physicians. For more information, please go to: https://download.ama-assn.org/resources/doc/cme/x-pub/pra-booklet.pdf

Categories of AMA PRA Credit: There are two categories of AMA PRA Credit: AMA PRA Category 1 Credit™ and AMA PRA Category 2 Credit™. Physicians can earn AMA PRA Category 1 Credit™ by: (1) participating in certified activities provided by CME providers, (2) participating in activities recognized by the AMA as valid educational activities and (3) participating in certain international activities recognized by the AMA. AMA PRA Category 2 Credit™ is self-claimed and documented by physicians for participating in activities that are not certified for AMA PRA Category 1 Credit™. CME providers cannot award AMA PRA Category 2 Credit™ to physician learners.

Learning Formats for AMA PRA Category 1 Credit™: Currently seven (7) learning formats are approved for AMA PRA Category 1 Credit™. For format-specific requirements, please see refer to the AMA PRA booklet.

- Live activities
- Enduring Materials
- Journal-based CME
- Test-item writing
- Manuscript review (for journals)
- Performance Improvement Continuing Medical Education (PI CME)
- Internet point-of-care learning (PoC)

Activities Ineligible for AMA PRA Credit: CME credit may not be claimed for learning which is incidental to the regular professional activities or practice of a physician, such as learning that occurs from:

- Clinical experience
- Charity or mission work
- Mentoring
- Surveying
- Serving on a committee, council, task force, board, house of delegates or other professional workgroup
- Passing examinations that are not integrated with a certified activity

AMA Credit Designation Statement: The AMA Credit Designation Statement indicates to physicians that the activity has been certified by an accredited CME provider as being in compliance with AMA PRA Category 1 Credit™ requirements. The AMA Credit Designation Statement must be written without paraphrasing and be listed separately from accreditation or other statements.

The following AMA Credit Designation Statement must be included in relevant announcement and activity materials:

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

The learning format listed in the Credit Designation Statement must be one of the following AMA approved learning formats:
Use of phrase “AMA PRA Category 1 Credit™”: The phrase “AMA PRA Category 1 Credit” is a trademark of the American Medical Association. Accredited CME providers must always use the complete italicized, trademarked phrase. The phrase “Category 1 Credit” must never be used when referring to AMA PRA Category 1 Credit™.

Use of the AMA Credit Designation Statement in Program Materials and Activity Announcements Program Materials: The AMA Credit Designation Statement must be used in any program materials, in both print and electronic formats, (e.g., a course syllabus, enduring material publication, landing page of an internet activity) that reference CME credit.

Activity Announcements: Activity announcements include all materials, in both print and electronic formats, that are designed to build awareness of the activity’s educational content among the target physician audience. The complete AMA Credit Designation Statement must always be used on any document or publication that references the number of AMA PRA Category 1 Credits™ designated for the activity.

A “save the date” announcement (such as a card mailer with limited space) may indicate that the activity has been approved for AMA PRA Category 1 Credit™ without stating an exact number of credits if the accredited CME provider has already certified the activity. This announcement may read, “This activity has been approved for AMA PRA Category 1 Credit™” or similar language. Accredited CME providers may never indicate that “AMA PRA Category 1 Credit™ has been applied for” or any similar wording.

Recording Credit: Accredited CME providers must have a mechanism for physicians to claim credit and must award the actual number of AMA PRA Category 1 Credits™ claimed by each physician. The records documenting the credit awarded must be retained by accredited CME providers, for each certified activity, for a minimum of six years after the completion date of the activity.

Although it is necessary to uniquely identify the physicians who claim CME credit, AMA House of Delegates policy opposes the use of Social Security numbers to do so. An alternative that might be used is the physician’s Medical Education number, a unique 11 digit proprietary identifier assigned by the AMA to every U.S. physician.

Credit Certificates, Transcripts or Other Documentation Available to Physicians: Only physicians (MDs, DOs and those with equivalent medical degrees from another country) may be awarded AMA PRA Category 1 Credit™ by accredited CME providers. Accredited CME providers must be able to provide documentation to participating physicians of the credit awarded at the request of the physician. When an accredited CME provider issues a certificate, transcript or another means of documentation, it must reflect the actual number of credits claimed by the physician. An example of wording that might be used on certificates awarding AMA PRA Category 1 Credit™ to physicians follows:

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

Documentation provided to participating physicians must accurately reflect, at a minimum, the following:

- Physician’s name
- Name of accredited CME provider
- Title of activity
- Learning format
- Location of activity (if applicable)
- Date(s) of live activity or date that physician completed the activity
- Number of AMA PRA Category 1 Credits™ awarded
**Designation of New Procedures and Skills Training:** Through new procedures and skills courses, accredited CME providers can train physicians on topics that may allow them to request new or expanded clinical privileges. The AMA PRA requirements for new skills and procedures training consists of four levels so that accredited CME providers and physicians can clearly identify the depth and complexity of the training. Accredited CME providers will need to assess, at the activity’s conclusion, the participant physician’s level of achievement. This is in addition to planning and implementing the activities to meet the AMA core requirements and the format-specific requirements for the activity to be certified for *AMA PRA Category 1 Credit™*. The requirements for designation of new procedures and skills training and the certificate wording for each of the levels may be found at [www.ama-assn.org/go/cmeprovider](http://www.ama-assn.org/go/cmeprovider).

**Credit Certificates, Transcripts or Other Documentation Available to Nonphysician Participants:** Nonphysician health professionals and other participants may not be awarded *AMA PRA Category 1 Credit™*. However, accredited CME providers may choose to issue documentation of participation to nonphysicians that states that the activity was certified for *AMA PRA Category 1 Credit™*. An example of wording that might be used on documentation for a nonphysician participant follows:

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

**Joint and Co-Providership:** If a certified activity is either jointly provided (by an accredited CME provider and a nonaccredited organization) or co-provided (by two or more accredited CME providers), then the accredited CME provider certifying the activity must keep a record of the *AMA PRA Category 1 Credit™* claimed for each physician participating in that activity.

Only some of the AMA credit system requirements are highlighted here. For more information please go to: [https://download.ama-assn.org/resources/doc/cme/x-pub/prabooklet.pdf](https://download.ama-assn.org/resources/doc/cme/x-pub/prabooklet.pdf)
PHYSICIAN CME REQUIREMENTS IN THE STATE OF WISCONSIN

30 hours of *AMA PRA Category 1 Credit™* or Category 1 AOA credit are required for licensure. See the following administrative code for more details: [http://docs.legis.wisconsin.gov/code/admin_code/med/13.pdf](http://docs.legis.wisconsin.gov/code/admin_code/med/13.pdf).

**DO Physicians:** Biennium dates for continuing education: January 1, (even year) to December 31, (odd year). Renewal deadline: February 28, (next following even year)

**MD Physicians:** Biennium dates for continuing education: January 1, (even year) to December 31, (odd year). Renewal deadline: October 31, (current odd year)

**Wisconsin Act 210 (effective June 1, 2012):** This Act extends the license of a service member if the license expires while they are on active duty from 90 days to 180 days from the date of discharge. The same applies to a spouse of a service member if the spouse does not practice under their license while the service member is on active duty and does not practice because the service member is on active duty.

This Act repeals a provision of prior law that required a service member to meet all of the requirements for license extension or renewal, except for continuing education requirements, in order to have the license extended.

Service members and spouses may request extensions of licenses beyond 180 days from discharge and may request a waiver or extension of time to complete continuing education requirements due to hardship. Please view the following link for further information: [http://dps.wi.gov/Documents/Credentialing%20Forms/Renewal%20Forms/FmR210.pdf](http://dps.wi.gov/Documents/Credentialing%20Forms/Renewal%20Forms/FmR210.pdf)
RESOURCES

Wisconsin Medical Society – CME Resources
https://www.wisconsinmedicalsociety.org/resources/continuing-medical-education/

Accreditation Council for Continuing Medical Education (ACCME)
http://www.accme.org/

ACCME – Education & Support
http://www.accme.org/education-and-support

American Medical Association – AMA PRA Booklet

Wisconsin Department of Safety and Professional Services
http://dsps.wi.gov/Default.aspx?Page=2fd40c9e-d2f0-4d2d-b0c4-c65fac4c7751