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.

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.

Accreditation Interview
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 final decisions regarding interview date, time, and/or composition of the survey team based.

The interview takes approximately 2 hours and typically occurs at the provider’s administrative offices or at the Society’s office in Madison, WI. In addition to interview time, the survey team may spend time meeting together for preparation and reporting.

The Society will provide information about the process of scheduling and accreditation interview and 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.

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 and Professional Development (Council). All accreditation decisions are ratified by the Council which meets four times each year (generally, in February, May, September and November).

This multi-tiered system of review provides the checks and balances necessary to ensure fair and accurate decisions. The fairness and accuracy of Society decisions are also enhanced by the Society’s use of a criterion-referenced decision-making system. Accreditation decision letters will be sent to providers via email within four (4) weeks following the Council’s accreditation decision.
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 three 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 acronyms 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.
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. Please label each tab accordingly and for the purpose of printing the 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 (C11-13)
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. In this process, you will present materials that you developed and utilized for the activity to help your organization demonstrate compliance. Blank forms, blank checklists, and policy documents alone do not verify performance-in-practice.

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
Using the ACCME’s Program and Activity Reporting System, or “PARS,” (pars.accme.org), you will submit known information about the CME activities that your organization has provided, or will provide, under the umbrella of your accreditation statement, from the beginning of your current accreditation term to the expiration. For more information about PARS, visit http://www.accme.org/cme-providers/maintaining-your-accreditation/about-pars.

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 the 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.

Providers have the following options for submitting evidence of performance-in-practice to the Society:

Option 1: Submit Evidence Using the ACCME Performance-in-Practice Structured Abstract
Option 2: Submit Labeled Evidence of Performance-in-Practice
The ACCME Performance-in-Practice Labels used by the Wisconsin Medical Society may be downloaded from the ACCME Web site here: http://www.accme.org/news-publications/publications/materials-support-pre-application-and-accreditation-processes/accme. The label template is pre-formatted to print onto Avery Standard File Folder Labels #5266. Affix the labels to evidence that verifies the activity meets the ACCME and Society’s requirements. If the evidence applicable to a label is several pages in length, you may apply the corresponding label to the first page or on a coversheet. Use labels, arrows, highlighting, or other methods to make explicit where the evidence is located.

For Options 1 and 2, providers may submit evidence in hard copy format. **Instructions for submitting in hard copy:**

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 each file folder that specifies:

<table>
<thead>
<tr>
<th>Full name of your organization</th>
<th>Activity type, as submitted in PARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity title, as submitted in PARS</td>
<td>Directly or jointly provided</td>
</tr>
<tr>
<td>Activity date and location, as submitted in PARS</td>
<td>Commercial support was/was not accepted</td>
</tr>
</tbody>
</table>

**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
- One copy of the CME product(s) for any enduring materials, Internet, or journal-based CME activities selected for performance-in-practice review

**Do not ship original documents.** Activity files will not be returned. Retain a duplicate set of materials including the self-study report and evidence of performance-in-practice for your own reference at any time during the accreditation process, but especially at the time of the accreditation interview. If the needed arises, the Society may ask for a second copy of a file or set of files.

**SHIP TO**
Wisconsin Medical Society
CME Department
330 E. Lakeside Street
Madison, WI 53715