ACCME Guide to the Accreditation Process:

Demonstrating the Implementation of the ACCME’s Updated Accreditation Criteria

For providers receiving accreditation decisions from the ACCME in November 2008
Memorandum

Date: July 2007
To: ACCME Accredited Providers
From: Murray Kopelow MD, MSComm, FRCPC, Chief Executive
Re: Demonstrating the Implementation of the ACCME’s Updated Accreditation Criteria

The ACCME understands that organizations are transitioning to the Updated Accreditation Criteria announced in September 2006 and that this transition will take some time. The ACCME, through its accreditation process, will be sensitive to this transition and will take timing and your organization’s implementation process into account when evaluating your program.

The attached ACCME Guide to the Accreditation Process: Demonstrating the Implementation of the ACCME’s Updated Accreditation Criteria provides questions and a framework from the ACCME to assist in this process. Please spend time familiarizing yourself with the contents of the Guide so that you can understand the ACCME’s expectations for the materials and information providers need to submit for accreditation.

To further assist and clarify, the ACCME has developed several educational tools to help providers understand and apply the Accreditation Criteria in CME activities and CME Programs. Please, visit www.accme.org for copies of these and other tools, including:

- ACCME’s Updated Accreditation Criteria
- Updated Criteria Toolkit (which includes educational exercises, terms and definitions, etc)
- Answers to Frequently Asked Questions
- Information on ACCME’s Accreditation Process
- Tools for Implementing ACCME’s Standards for Commercial Support
- Documents and Forms

We look forward to working with CME providers in their process of demonstrating their implementation of the ACCME’s Updated Accreditation Criteria. Thank you.
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Overview and Background Information

Contents of these Materials

These materials were developed for the ACCME’s November 2008 Decision Cohort. The timelines and required materials are specific to accredited providers receiving decisions in November 2008. These materials are divided into areas, as outlined on the table of contents:

1. Overview & Background Information
2. The Role of Verification in the Accreditation Process
3. Contents of the Self Study Report for ACCME Accreditation
4. Structure and Format Requirements for the Self Study Report
5. ACCME’s Review of a Provider’s Performance in Practice
6. ACCME’s Interview
7. ACCME’s Decision Making Process
8. ACCME’s Accreditation Timelines

Conducting Your Self Study

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.

An outline of the content of the Self Study Report is specified by the ACCME, 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. Regardless of the size or nature of your program, the Self Study is intended to address:

- The extent to which your organization has met its CME Mission (C1, C12).
- An analysis of factors that supported or detracted from the CME mission being met (C11, C12).
- The extent to which, in the context of meeting your CME mission, your organization produces CME that
  - Incorporates the educational needs that underlie the professional practice gaps of your own learners (C2),
  - Is designed to change competence, performance, or patient outcomes (C3),
  - Includes content matched to your learners’ current or potential scopes of practice (C4),
  - Includes formats appropriate for the setting, objectives, and desired results (C5),
  - Is in the context of desirable physician attributes (C6),
  - Is independent, maintains education separate from promotion, ensures appropriate management of commercial support, and does not promote the propriety interests of a commercial interest (C7-10).
- How implemented improvements helped your organization better meet its mission (C13 – C15).
- The extent to which your organization is engaged with its environment (C16-C22).
Resources to Support the ACCME’s Accreditation Process

The ACCME’s accreditation process is facilitated by your use of documents and completion of forms available on www.accme.org. Please refer to the “Documents and Forms Library” page of the ACCME’s website for the section “Materials for November 2008 Decision Cohort.” You will find the following documents and forms in that section:

1. Demographic Information Form
2. Summary of CME Activities
3. Instructions for Printing Self Study Report Tabs
4. ACCME Self Study Report Tabs Template
5. Interview Registration Information and Instructions
6. Instructions for Submitting CME Activity Lists
7. CME Activity List
8. Performance in Practice Review Requirements and Instructions
9. Performance in Practice Review Labels
The Role of Verification in the Accreditation Process

As you review the contents of these materials, please keep in mind the following definitions which will help you understand what the ACCME expects providers to submit to the ACCME in the accreditation process:

- **Describe** means provide a narrative that gives the reader a picture, or understanding of your organization’s practices.
- **Documentation** means tangible materials (evidence) from your system from which compliance can be determined.
- **Verification** means to prove with documentation/documents/materials.
- **Show** means describe and verify with documentation.

The ACCME verifies that a provider meets the ACCME’s accreditation expectations in practice through a review of: (a) materials used in the planning and implementation of individual CME activities or groups of activities; (c) materials used in the administration of a CME program and/or (d) data and analyses generated from monitoring systems from providers that produce Regularly Scheduled Series (RSS). *If your organization produces RSS, please refer to Appendix A of this packet to review the ACCME’s expectations for RSS monitoring systems and reporting on monitoring systems.*

The ACCME’s accreditation process is an opportunity for each provider to verify its practice of CME. In the ACCME’s accreditation process, these opportunities are in the following forms:

1. **The self study report:** Providers are expected to describe their practices and provide verification of these practices in a self study report. The self study is an opportunity to show the ACCME your organization’s work. In Section 4 of these materials, providers will find icons of quills, paperclips, and the letters “RSS,” which denote different types of information providers are expected to submit.

   **A quill** indicates the ACCME expects a description, or narrative, to give the reader an understanding of your practice(s).

   **A paperclip** indicates the ACCME expects documents/documentation/materials that provide verification of the described practices. Unless otherwise noted, when an example is requested in the self study report, the ACCME expects documentation that can verify that a practice was implemented. This means using documentation/documents/materials from activities that have been planned and/or implemented. Unless otherwise noted, the ACCME expects to see actual materials or completed, not blank forms.

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1 The administration of a CME program may create evidence that is applicable to some or all CME activities. For example, a provider may have a strategic planning retreat and determine one or more professional practice gaps which ALL of its CME activities should be designed to fill.
If you are a provider that plans Regularly Scheduled Series (RSS), you will need to include (a) descriptions regarding the planning of your RSS, as indicated throughout the Self Study Report outline; and (b) summaries and analyses of your monitoring data related to the applicable Criteria. Look for the RSS symbol throughout the Self Study Report outline for an indication of items that require responses related to RSS.

2. **Performance in Practice Review:** Providers are expected to demonstrate and verify that their CME activities meet ACCME’s Updated Criteria through the documentation review process. The ACCME will select up to 15 activities that your organization will be expected to present to the ACCME for review. This review is based on the ACCME’s Updated Criteria and is facilitated by the provider’s use of labels (provided by the ACCME) on activity materials. Information on this process is provided in this guide and instructions can be found on [www.accme.org](http://www.accme.org). In addition to documentation review, initial applicants must have an activity review prior to Accreditation. The CME activity may be of any format and will entail surveyor observation.

3. **The Interview:** The interview presents an opportunity to describe and provide clarification, as needed, on aspects of practice described and verified in the self study report or activity files. Through dialogue with the ACCME survey team, an organization may illuminate its practices in a more explicit manner. The survey team may request that a provider submit additional materials based on this dialogue to verify a provider’s practice.

The self study report, performance in practice review, and interview comprise the three sources of data used to make decisions in the accreditation process regarding the extent to which providers meet Criteria 1-15. In addition, the ACCME encourages providers to take advantage of the opportunities in these data sources to verify how the organization meets Criteria 16-22. This information will help the ACCME evaluate if your organization should receive Accreditation with Commendation (Level 3).
Contents of the Self Study Report for ACCME Accreditation

I. Introduction

A. Demographic Information Form (form to complete can be found in “Documents and Forms Library” on www.accme.org)

B. Summary of CME Activities (form to complete can be found in “Documents and Forms Library” on www.accme.org)

C. CME Activity List (a list of your CME activities for the current term of accreditation as submitted electronically to the ACCME and updated, if necessary).

D. Self Study Report Prologue
   1. Provide a brief history of your CME Program
   2. Describe the leadership and structure of your CME Program.

II. Essential Area 1: Purpose And Mission (Criteria 1)

A. Attach your CME mission statement to verify it has all the required components. Identify and highlight each required component: (1) purpose, (2) content areas, (3) target audience, (4) types of activities, and (5) expected results of the program.

Note: It is important that ACCME can identify in the expected results section of your mission statement the changes that are the expected results of your CME program (i.e., changes in competence, or performance, or patient outcomes). (C1)

III. Essential Area 2: Educational Planning (Criteria 2-3)

A. Describe how you translate identified professional practice gaps into educational needs. Be sure to use the following as an outline of your descriptions:
   1. the gap that you start with (for professional practice gaps that are identified in methods other than direct measurement of your own learners -- e.g. national trend data, state level data-- explain how you connect these gaps to your own learners),
   2. the need(s) that you identify based on that gap,
   3. how the need is articulated in terms of knowledge, competence, or performance, (C2)

For providers that produce Regularly Scheduled Series (RSS), include in your description how gaps are translated into needs in RSS and attach here a summary of your monitoring data related to Criterion 2. (C3)

B. Using two examples, show where you have incorporated these needs (of knowledge, competence, or performance) into activities or a set of activities. (C2)

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C. Show that you have generated CME activities (including RSS, if applicable) designed to change competence, performance, or patient outcomes, as described in your CME mission statement. (C3)

IV. Essential Area 2: Educational Planning (Criteria 4-6) and ACCME Policies

A. Show how your organization, at the CME program or activity planning level, matches the content of your activities to your learners’ current or potential scope of practice. Include two examples in your verification. (C4)

For providers that produce RSS, include in your description how the content of your RSS is matched to your learners’ current or potential scope of practice. Attach here a summary of your monitoring data related to Criterion 4.

B. Show the different educational formats (i.e., activity type and methodology) you have utilized for your activities. Explain the rationale or criteria you used in the selection of formats to ensure a format is appropriate for the setting, objectives, and desired results of an activity. Include two examples in your verification. (C5)

For providers that produce RSS, include in your description what educational formats you use for RSS. Also describe how you ensure in your planning process for RSS that the format is appropriate for the setting, objectives, and desired results of the RSS. Attach here a summary of your monitoring data related to Criterion 5.

C. Show that you have developed CME activities in the context of desirable physician attributes (e.g., IOM competencies, ABMS competencies, specialty specific competencies), including RSS, if applicable. Include two examples in your verification. (C6)

For providers that produce RSS, also attach here a summary of your monitoring data related to Criterion 6.

D. Show the mechanism your organization uses to verify physician participation in your CME activities, including RSS, if applicable.
V. Essential Area 2: Educational Planning (Criteria 7: ACCME’s Standard for Commercial Support - Independence)

A. Describe how your organization makes the following decisions free of the control of a commercial interest: (a) identification of needs; (b) the determination of educational objectives; (c) the selection and presentation of content; (d) the selection of all persons and organizations in a position to control the content; (e) the selection of educational methods, and (f) the evaluation of the activity. (SCS 1.1)

B. If your organization enters into joint sponsorship relationships with non-accredited providers, show that these organizations are not commercial interests. Provide a list of joint sponsors and a brief descriptor of their organization type. (SCS 1.2)

C. Show the mechanism(s) your organization uses to ensure that everyone in a position to control educational content has disclosed to your organization relevant financial relationships with commercial interests. Include in your description your organization’s mechanism(s) for disqualifying individuals who refuse to disclose. (SCS 2.1, 2.2)

D. Describe the mechanism(s) your organization uses to identify conflicts of interest prior to an activity. (SCS 2.3)

E. Describe the mechanism(s) your organization uses to resolve conflicts of interest prior to an activity. (SCS 2.3)

F. Show your organization’s process(es) and mechanism(s) for disclosure to the learners of (1) relevant financial relationships of all persons in a position to control educational content and (2) the source of support from commercial interests, if applicable. In your verification, provide two examples of disclosure to the learners of relevant financial relationships and two examples of disclosure to the learners of the source of support from commercial interests, if applicable. (SCS 6.1-6.5)

G. Attach an example of the mechanism(s) your organization uses to collect relevant financial relationship information of everyone in a position to control educational content. (SCS 2.1)

H. For providers that produce RSS, include here your monitoring data and analysis regarding your compliance with SCS 1, 2, and 6. RSS
VI. Essential Area 2: Educational Planning (Criteria 8: ACCME’s Standard for Commercial Support – Management of Funds)

ALL PROVIDERS must respond to items VI (A) and VI (B), regardless of your organization’s acceptance of commercial support.

A. Attach your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors. *(SCS 3.7-3.8)*

B. Describe what you do to ensure that teachers or authors are reimbursed and paid honoraria only for their teacher or author role. *(SCS 3.7-3.8, 3.10)*

C. For providers that produce RSS, include here your monitoring data and analysis regarding your compliance with SCS 3.7, 3.8, and 3.10. *(RSS)*

If your organization accepts commercial support, respond to D-H, if not go to Section VII.

D. Describe your process(es) for the receipt and disbursement of commercial support (both funds and in-kind support). Include in your description how you ensure that advice or services related to teachers, authors, participants, or other educational matters, including content, are not conditions of the commercial support (funds or in-kind commercial support). *(SCS 3.1-3.3)*

E. Show that all commercial support is given with your organization’s full knowledge and approval. Include in your response your policies and processes to ensure that no other payment is given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved in the activity. Include two examples in your verification. *(SCS 3.3; 3.9)*

F. Show that commercial support is not used to pay for expenses for non-teacher or non-author participants. Include two examples in your verification. *(SCS 3.12)*

G. Show that social events do not compete with or take precedence over educational activities. *(SCS 3.11)*

H. Attach a specimen (completed or blank) of a written agreement documenting terms, conditions, and purposes of commercial support used to fulfill relevant elements of SCS Standard 3. *(SCS 3.4-3.6)*

I. For providers that produce RSS, include here your monitoring data and analysis regarding your compliance with SCS 3.1-3.4, 3.6, 3.9, 3.11, and 3.12. *(RSS)*
VII. Essential Area 2: Educational Planning (Criteria 9-10: ACCME’s Standard for Commercial Support – Separation of Education from Promotion; Promotion of Improvements in Healthcare)

ALL PROVIDERS must respond to this section.

A. Do you organize any commercial exhibits in association with any of your CME activities? If yes, describe how your organization ensures that arrangement for commercial exhibits do not (1) influence planning or interfere with the presentation and (2) are not a condition of the provision of commercial support for CME activities. (SCS 4.1)

B. Do you arrange for advertisements in association with any of your CME activities? If yes, describe how your organization ensures that advertisements or other product-promotion materials are kept separate from the education. In your description, distinguish between your processes related to advertisements and/or product promotion in each of the following types of CME activities: (1) print materials, (2) computer-based materials, (3) audio and video recordings, and (4) face-to-face. (SCS 4.2, 4.4)

C. Describe the process or procedure your organization uses to ensure that educational material which are part of a CME activity, such as slides, abstracts and handouts, do not contain any advertising, trade names or product group messages. (SCS 4.3)

D. Besides the provision of commercial support, what role do commercial interests play in providing access to CME activities for learners? (SCS 4.5)

For providers that produce RSS, include here your monitoring data and analysis regarding your compliance with SCS 4. RSS

E. Describe the planning and monitoring your organization uses to ensure that:
   (i) the content of CME activities does not promote the proprietary interests of any commercial interests. (SCS 5.1)
   (ii) CME activities gave a balanced view of therapeutic options. (SCS 5.2)
   (iii) the content of CME activities is in compliance with ACCME’s content validity value statements². (Policy of Content Validation)

² ACCME’s Policy on Content Validation: All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.
VIII. Essential Area 3: Engagement with the Environment (Criteria 16-22)

The information gathered through your organization’s responses to the following questions will be used to determine eligibility for Accreditation with Commendation. If your organization is not seeking Accreditation with Commendation, completion of this section is optional.

A. If your organization integrates CME into the process for improving professional practice, show how this integration occurs. Examples should be explicit organizational practices that have been implemented or planned. (C16)

B. If your organization utilizes non-educational strategies to enhance change as an adjunct to its educational activities, show the strategies that your organization has used as adjuncts to CME activities and how these strategies were designed to enhance change. Include in your description an explanation of how the non-educational strategies were connected to either an individual activity or group of activities. (C17)

C. If your organization identifies factors outside of its control that will have an impact on patient outcomes, show instances of this practice. These instances might be specific to the planning of a CME activity or at the overall CME program level. (C18)

D. If your organization implements educational strategies to remove, overcome, or address barriers to physician change, show instances of this practice. These instances might be specific to the planning of a CME activity or at the overall CME program level. (C19)

E. If your organization is engaged in collaborative or cooperative relations with other stakeholders, show instances of these practices. These instances might be specific to the planning of a CME activity or at the overall CME program level. (C20)

F. If your CME unit participates within an institutional or system framework for quality improvement, show this framework. For example, your organization’s framework may link the CME committee with a quality or performance improvement committee. (C21)

G. If your organization has positioned itself to influence the scope and content of activities/educational interventions, show organizational procedures and practices that support this. (C22)
IX. Essential Area 3: Evaluation and Improvement (Criteria 11-15)

NOTE: All providers must respond to items A-D in and F-I in this section.

A. Show a summary report of the evaluation data and information that your organization has collected about the changes in physician learners’ competence, performance and/or patient outcomes. (C11)

If your organization produces RSS, include in this report your organization’s monitoring data and analysis regarding changes in physician learners’ competence, performance, or patient outcomes. (C11)

B. What were the conclusions you drew from your analysis of these data? (C11)

NOTE: The ACCME expects each provider to conduct a program-based analysis on the degree to which its CME mission has been met. In Section II of this Self Study Report, you attached your organization’s CME mission statement. That mission statement is required to have five components (purpose, content areas, target audience, types of activities, and expected results). Your learner change data and the conclusions you reached about those data will help you determine the degree to which the expected results of your CME mission have been met. The following items are designed to illicit information on what other information you reviewed to help you determine if your CME mission was met and your conclusions regarding your success at meeting your mission.

C. In addition to learner change data, show the ACCME the data and information you gathered as a part of your overall program evaluation. (C12)

For providers that produce RSS, be sure to include RSS in this discussion. (C12)

D. Based on your review of the data and information as described in your responses to questions Section IX, A-C, what were your conclusions regarding your organization’s success at meeting its CME mission? Be sure to include in your description the degree to which your organization

1. reached its target audience;
2. provided CME on the content areas outlined in the mission;
3. produced the types of activities stated in the mission; and
4. fulfilled its purpose. (C12)

E. NOTE: This item is optional, based on your organization’s responses to section VIII (Engagement with the Environment). If your organization did not respond to items in that section, Item E does not require responses.

In Section VIII (Engagement with the Environment), you may have described various initiatives your organization has implemented in support of Criteria 16-22. How have you evaluated these and other related initiatives related to Criteria 16-22 to assess the degree to which they helped your organization meet its CME mission (C12)?
If your organization has not engaged in a practice as described in one of Criteria 16-22, you may have evaluated the extent to which not engaging in a practice impacted your organization’s ability to meet its mission. You can respond from that perspective, if applicable.

**Based on what you described in Section VIII (Engagement with the Environment)...**

1. did the manner and degree to which your organization integrated CME into the process for improving professional practice (C16) help your organization meet its CME mission? If so, how? If not, why?

2. did the manner and degree to which your organization utilized non-educational strategies to enhance change as an adjunct to your activities/educational interventions (e.g., reminders, patient feedback) (C17) help your organization meet its CME mission? If so, how? If not, why?

3. did the manner and degree to which your organization identified factors outside of your control that impact on patient outcomes (C18) help your organization meet its CME mission? If so, how? If not, why?

4. did the manner and degree to which your organization implemented educational strategies to remove, overcome, or address barriers to physician change (C19) help your organization meet its CME mission? If so, how? If not, why?

5. did the manner and degree to which your organization built bridges with other stakeholders through collaboration and cooperation (C20) help your organization meet its CME mission? If so, how? If not, why?

6. did the manner and degree to which your organization participated within an institution or system framework for quality improvement (C21) help your organization meet its CME mission? If so, how? If not, why?

7. did the manner and degree to which your organization has been positioned to influence the scope and content of activities/educational interventions (C22) help your organization meet its CME mission? If so, how? If not, why?

*ITEMS F-I REQUIRE RESPONSES*

F. As a result of your program-based analysis, what changes did you identify that could help you better meet your CME mission? In your response, explain how each change, if implemented, could impact a component of your CME mission (purpose, content areas, target audience, type of activities, or expected results). For providers that produce RSS, include areas for improvement as identified through RSS monitoring in this discussion. (C13)

G. Based on the changes you identified that could be made, describe the changes to your program that you implemented. For providers that produce RSS, include the improvements you have implemented in your RSS. For any potential changes (as described in question F above) that you did not implement, please explain why they were not implemented and plans to address them in the future. (C14)

H. Describe how your organization measured, or will measure, the impact of the improvements that you have described in G.

I. If the data are available, include information on whether or not the changes made to your program have fulfilled the intended purpose. Include evidence (e.g. data) to support those conclusions. (C15)
Structure and Format Requirements for the Self Study Report

Providers must assemble and submit their self study reports in accordance with the following structure and format requirements:

Structure Requirements
1. The ACCME Self Study Report must be organized in the sections listed below.
2. Each section must be included behind an ACCME tab labeled with the title of the section. ACCME-formatted Tabs should be downloaded from www.accme.org and four sets should be printed to standard 5-count tab paper.
3. The outline below must be used as the basis for a required Table of Contents. Include on the Table of Contents the page numbers of the narrative and attachments for each section. An example is provided below.

I. Introduction
II. Essential Area 1: Purpose and Mission (Criteria 1)
III. Essential Area 2: Educational Planning (Criteria 2-3)
IV. Essential Area 2: Educational Planning (Criteria 4-6) and ACCME Policies
V. Essential Area 2: Educational Planning (Criteria 7: ACCME’s SCS - Independence)
VI. Essential Area 2: Educational Planning (Criteria 8: ACCME’s Standard for Commercial Support – Management of Funds)
VII. Essential Area 2: Educational Planning (Criteria 9-10: ACCME’s Standard for Commercial Support – Separation of Education from Promotion; Promotion of Improvements in Healthcare)
VIII. OPTIONAL SECTION: Accreditation with Commendation (Criteria 16-22)
IX. Essential Area 3: Evaluation and Improvement (Criteria 11-15)

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Format Requirements

1. Provide required narrative and attachments for each item of the outline and ACCME tabs.
2. Put attachments in the appropriate section of the report. Do not put them all at the end of the report.
3. Type with at least 1” margins (top, bottom and sides), using **11 point type or larger**. The topics from the Outline should be in **bold**, clearly separated from the type style (font) of your answers. It is acceptable to use double-sided printing.
4. **Consecutively number** each page in the binder including the attachments. The name (or abbreviation) of your organization must appear with the page number on each page. *If the report is not numbered, it will not be accepted and will be returned at your organization’s expense.*
5. Include a **Table of Contents** listing the page numbers of each narrative and attachment of the Self Study Report.
6. Include the following completed forms behind the “Introduction” Tab:
   a) Demographic Information Form
   b) Summary of CME Activities
   c) CME Activity List
   NOTE: The above forms are available on [www.accme.org](http://www.accme.org).
7. Use the ACCME-formatted Tabs to separate the content of your Self Study Report. A tab template and instructions can be downloaded from [www.accme.org](http://www.accme.org).
8. Place the Self-Study Report and all the attachments in a **two-inch maximum** (ring diameter), three-ring binder or some other mechanism of binding, e.g., tape-binding. *If the report is larger than two inches it will not be accepted and will be returned at your organization’s expense.*
9. Submit **four** copies to ACCME. Be sure to keep a separate copy for your use during the interview.
10. In addition to the binders, **submit one electronic copy** in PDF format on a CD-ROM of the Self Study Report narrative and attachments.

*Failure to adhere to the submission requirements will result in the return of your Self Study Report, delay in the accreditation process, additional fees, and possible consequences for your accreditation status.*

The Self Study Reports must be shipped via a method that has a reliable electronic, web-enabled delivery tracking system to:

**Accreditation Services**  
**Accreditation Council for Continuing Medical Education**  
**515 North State Street, Suite 2150**  
**Chicago, IL 60610**
ACCME’s Review of a Provider’s Performance in Practice

The ACCME’s review of a provider’s performance in practice is through activity documentation review. This is an opportunity for the provider to verify that the activity met ACCME’s expectations, as outlined in the ACCME’s Essential Areas, Elements, Criteria, and Policies. Providers should remember that it is not necessary to present to the ACCME all materials related to an activity. Providers should submit any and all activity material that demonstrates how the organization meets the ACCME’s Accreditation Criteria.

There may be the need to present materials from the overall CME program that address how the provider met expectations in a specific activity. Meeting minutes and strategic planning documents are two examples of materials that might help a provider show how an activity meets ACCME’s expectations with evidence not directly related to a specific CME activity. Providers must remember to include such materials in labeled evidence to verify compliance.

Structure and Format Requirements for Performance in Practice Review: Submission of Activity Documentation Materials

In order to facilitate the ACCME’s review of providers’ performance in practice as seen in activity files, providers must following the following three steps:

STEP 1: Submitting your CME Activity List. You will submit a complete list of activities to the ACCME using the CME Activity List excel spreadsheet. Both this spreadsheet and submission instructions can be found on the ACCME’s website at www.accme.org in the Documents and Forms Library. Providers will receive an email reminder before the deadline to submit activity lists. Providers should remember that:

- The CME Activity List MUST be submitted according to the instructions found on www.accme.org;
- The CME Activity List MUST be submitted using the template on www.accme.org;
- Any activity for which your organization offered AMA PRA Category 1 Credit™ during its current term must be included on the list;
- Activities should be entered chronologically;
- Columns highlighted in yellow represent activity attributes that are new to the ACCME’s CME Activity List spreadsheet. Providers need to provide data in these columns only for activities held after July 31, 2007.
- Every column in the spreadsheet that is not highlighted in yellow must have data in it for each activity.

STEP 2: ACCME’s Selection of Activities for Review

Based on your completed CME Activity List you provide to the ACCME, the ACCME will select up to 15 files for review. The ACCME will select a sample of your activities from this list from both 1) across the years of your accreditation term and 2) among the types of activities that are produced. If you produce enduring materials, journal CME, or internet CME activities, you are also expected to submit the CME product from the activities chosen for performance in practice review. These products will be reviewed for compliance with ACCME policies specific to their activity type.
STEP 3: Submitting evidence of performance in practice for activity documentation review.
Each organization is expected to submit with their self study reports the labeled
documentation for review. All documentation for review should be labeled, using
ACCME’s labels; labels can be downloaded from www.accme.org, along with
instructions for using the labels.

Your organization may not have evidence to demonstrate that a Criterion was met in
an activity because:
(A) the date of the activity precedes your organization’s implementation of the
 Criterion listed on the label; or
(B) the Criterion is not applicable to the activity. Labels 6, 10-12, and 17-22
 explicitly state “if applicable” because those are the labels for Criteria that
 may not be applicable to all CME activities.

If you do not have evidence from an activity to demonstrate that the activity meets the
Criterion, place the label for the Criterion on a sheet of paper which explains why
there is no evidence. For example, “No evidence because the date of the activity
preceded our organization’s implementation of the Updated Criteria” or “No
commercial support accepted for this activity”.

Once the materials from an activity are labeled, they should be put in an 8 ½” by 11”
file folder to submit to the ACCME. Each folder should be labeled as well, in
accordance with ACCME’s instructions on www.accme.org.

Please do not ship original documents; activity files will not be returned to you. The
ACCME will then provide your self study report and activity files to your survey team
to review in preparation for your interview. IMPORTANT: Providers having on-site
interviews should retain a duplicate copy of the labeled materials submitted for review
and have them available for the surveyors at the time of the interview.

NOTE: PROVIDERS SEEKING REACCREDITATION ARE ALSO EXPECTED TO
SUBMIT LABELED EVIDENCE TO VERIFY COMPLIANCE with some of the
American Medical Association’s PRA Category 1 Credit™ requirements. The ACCME
is collecting this evidence and transmitting it on to the AMA PRA as a service to both
the provider and the credit system. This information will not be considered as part of
your accreditation decision. This requirement is not applicable to providers applying
for initial accreditation.

The ACCME will send via email links to the instructions and sets of labels
posted on www.accme.org. The ACCME will also send providers reminders
before the deadline for the submission of materials.
ACCME's Interview

The ACCME’s interview offers opportunities to the provider and the ACCME. The interview allows the provider to: (1) discuss its CME program, overall CME program evaluation, and self study report and (2) clarify information described and shared in the self study report and performance in practice materials. The interview offers opportunities for the ACCME to: (1) ensure that any questions regarding the provider’s procedures or practices are answered and (2) ensure that the survey team has complete information about the provider’s organization with which to formulate a report to the ACCME. For more information about what to expect during the ACCME’s interview, please refer to ACCME’s Accreditation Process on www.accme.org.

ACCME surveyors will not provide feedback on your compliance nor will they provide a summary of their findings or an assessment of the expected outcome of the accreditation process. Your organization’s compliance, your findings, and the outcome of the accreditation process are determined by the ACCME based on the recommendations of the ACCME’s Accreditation Review Committee (ARC) and Decision Committee (DC).

The format for all interviews involves a meeting between the representatives of the accredited provider and the ACCME survey team. The ACCME offers multiple interview formats. Each provider is notified of the available format options in the ACCME’s official notification letter. Based on a provider’s available interview options, the ACCME will prompt the provider via email to register for its interview. Interview registration instructions and information are available on www.accme.org.

Interview Fees
In addition to the accreditation fee, providers incur expenses related to the interview. Expenses related to the interview vary based on the format. Providers participating in an on-site interview will be billed for the surveyors’ actual travel, meal, and incidental expenses (incurred in accordance with ACCME’s policies regarding reimbursable expenses for volunteers) within 30 days of the interview. Average expenses for onsite interviews are $2000. Providers participating in a face-to-face interviews will be billed a flat $800 to cover surveyor expenses. Providers participating in a televideo interviews will be billed a flat $900 for surveyor and ACCME facility expenses. These expenses are billed separately from and are in addition to the Initial Accreditation Fee or Reaccreditation Fee.
ACCME’s Decision Making Process

Data and information collected in the accreditation process is analyzed and synthesized by the ACCME’s Accreditation Review Committee. The ACCME’s Accreditation Review Committee meets three times per year and makes recommendations to the ACCME’s Decision Committee. All accreditation decisions are ratified by the full Board of Directors of the ACCME. This multi-tiered system of review provides the checks and balances necessary to ensure fair and accurate decisions. The fairness and accuracy of ACCME decisions is also enhanced by ACCME’s use of a criterion-referenced decision-making system.

The decision making process assesses providers’ compliance with the Accreditation Requirements based on information collected during the accreditation process. The ACCME will also consider data from Monitoring issues, if such data are applicable to the provider.

ACCME’s Accreditation Timelines

Reaccreditation Timeline – November 2008 Accreditation Decisions

<table>
<thead>
<tr>
<th>Calendar</th>
<th>Months Prior to Term Expiration</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2007</td>
<td>16</td>
<td>ACCME sends out Official Reaccreditation Notification to Provider with Reaccreditation materials; Invoice for Reaccreditation sent separately</td>
</tr>
<tr>
<td>August 2007</td>
<td>15</td>
<td>ACCME sends email with links to: (a) confirmation of Intent to Apply for Reaccreditation; (b) documents and forms used by Providers in the Accreditation Process</td>
</tr>
<tr>
<td>October 15, 2007</td>
<td>13</td>
<td>Deadline for submission of: (a) CME Activity List; (b) confirmation of intent to apply for reaccreditation; (c) reaccreditation fee</td>
</tr>
<tr>
<td>October 31, 2007</td>
<td>13</td>
<td>ACCME send email to prompt providers to register for interview</td>
</tr>
<tr>
<td>December 1, 2007</td>
<td>11</td>
<td>Deadline to register for interview</td>
</tr>
<tr>
<td>December 2007</td>
<td>11</td>
<td>ACCME informs provider of which activity files ACCME will review</td>
</tr>
<tr>
<td>March – May 2008</td>
<td>8-6</td>
<td>ACCME confirms interview dates and times with providers</td>
</tr>
<tr>
<td>April 2008</td>
<td>7</td>
<td>Self Study Reports and Activity Files due to ACCME</td>
</tr>
<tr>
<td>June – Aug. 2008</td>
<td>5-3</td>
<td>Interview</td>
</tr>
<tr>
<td>Oct. 2008</td>
<td>1</td>
<td>ARC Meeting</td>
</tr>
<tr>
<td>Nov. 2008</td>
<td>0</td>
<td>ACCME Board Meeting</td>
</tr>
<tr>
<td>Nov. 2008</td>
<td>- 2 weeks</td>
<td>Provider receives Accreditation Decision from ACCME</td>
</tr>
</tbody>
</table>
Initial Accreditation Timeline

The timeline for an initial applicant to complete the accreditation process is dependent upon the dates that materials are submitted to the ACCME. Once a preapplication is approved by the ACCME, an organization has six months to submit a Self Study Report for initial accreditation. The ACCME’s accreditation process requires a three-month window between the submission of a Self Study Report for initial accreditation and the date of the interview. Based on the date of the survey, the initial applicant is grouped into a cohort of providers that are to receive a decision from the ACCME at the respective Board meeting. The ACCME’s Board meets three times each year (March, July, and November). Within two weeks of the Board meeting at which the applicant would receive a decision, the ACCME will notify the provider of its findings.
Appendix:

ACCME’s Expectations for RSS Monitoring Systems and Reporting on Monitoring Systems

Providers that produce Regularly Scheduled Series (RSS), formerly referred to as RSCs, need to ensure that (1) their systems to monitor their RSS so that RSS meet ACCME’s Criteria and (2) the reports on their monitoring follow ACCME’s expectations. These expectations are:

1. The ACCME expects that all series and all sessions within a series will meet ACCME’s Updated Criteria and be in compliance with ACCME Policies. At the activity level the ACCME expects providers to monitor successes at meeting Criteria 2 through Criteria 11.

2. A provider must collect data and information from all series as a part of its monitoring system.

3. A provider will create a data set(s) from the information gathered through the monitoring system. These data may be based on a sample of a provider’s sessions or on data from all sessions. If sampling is used then data from 10% to 25% of the sessions within each series across the whole accreditation term must be used.

4. A provider will analyze the data and information (C11-C12) and determine if the RSS has met ACCME’s Updated Criteria (C2-C10; optional: C16-22) and ACCME Policies
   - A provider can determine a RSS has met a Criterion or is in compliance with an ACCME Policy if the provider’s monitoring system indicates performance, as outlined in the Criterion or Policy, is achieved 100% of the time.
   - If monitoring data indicate that performance in a series or session did not meet a Criterion or Policy, then the provider should identify the problem (C13), implement improvements C14), and measure the impact of the implemented improvements (C15).