



*Sutter Medical
Center, Sacramento*

Sutter Medical Center, Sacramento

Continuing Medical Education Program

Reference Manual

Sutter Medical Center, Sacramento Continuing Medical Education Program Reference Manual

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Continuing Medical Education
Mission Statement

PURPOSE

The Sutter Medical Center, Sacramento (SMCS) Continuing Medical Education (CME) Program will improve the quality of care and clinical outcomes of the patients treated at our facilities primarily through educational programs.

CONTENT AREAS

SMCS CME Program activities will include practical, evidence-based, best clinical practice information for a broad variety of common medical conditions, innovations in primary and specialty patient care, new procedural training specialty forums, and address health disparities and cultural diversity. Objectives will be based on practice based needs and on needs assessment mechanisms including input from staff physicians, part participant evaluations, quality improvement findings, literature reviews, new technological advances, relevant data sources, and medical staff committee recommendations. Content will be free of commercial bias.

TARGET AUDIENCE

The physicians who are providing care to or impacting the care of the patients treated at our facilities.

TYPE OF ACTIVITIES

In order to accomplish our educational goals, SMCS CME uses a range of activity formats based on the content and desired results of the activity. Current offerings include:

- Conferences and Lectures
- Regularly Scheduled Series
- Internet CME activities

EXPECTED RESULTS OF THE PROGRAM

SMCS CME is committed to assessing the impact and effectiveness of its CME Program. SMCS CME courses will be designed to: increase knowledge of new treatments, diagnostic tools, and procedures; improve compliance with specific evidence-based protocols; improve physician competence, physician performance and patient outcomes; and promote efficient use of resources. We employ assessment methods to evaluate the extent to which our activities result in changes in knowledge, competence and performance. CME activities in conjunction with quality improvement projects will have measurable outcomes to report. An emphasis during the planning process will be placed on intended learning and desired change in knowledge, competence, and performance. The Education Team will work in collaboration with other departments of the medical center who have involvement and interest in quality improvement processes and patient safety.

Approvals:

Education Team
Medical Executive Committee
Medical Policy Committee
Board of Directors

Dates:

1/7/11
1/25/11
2/3/11
2/17/11

Sutter Medical Center, Sacramento
Education Team
Goals and Objectives, 2010

Goal One: **Support the educational needs of healthcare professionals at Sutter Medical Center, Sacramento through the production of CME activities, designed around our physicians' needs and interest and based on quality outcomes.**

Objective: Internal Meetings

- Department Meetings
- Section Meetings
- Sutter Cancer Institute
- Sutter Heart Institute
- Sutter Neuroscience Institute
- Tumor & Case Conferences

Goal Two: **Promote Library Services that are offered at SMCS**

Approval:

Education Team:

Medical Executive Committee:

Medical Policy Committee:

Board of Trustees:

August 27, 2010

September 28, 2010

October 7, 2010

October 11, 2010

Sutter Medical Center, Sacramento
Annual Reappraisal of the Continuing Medical Education Program
For Calendar Year 2009

This annual reappraisal is performed at the end of each year to allow the Education Team to review their established goals and to plan future programs.

Accreditation Standard Requirement

Mission statement reviewed and approved by the Board of Trustees.

Program Changes

There is a new CME program manager.

Linkage to Performance Improvement

Clinical Department and Service Lines continue to plan education programs as well as case conferences that are based on identified performance improvement goals.

Program Success

The following number of activities were approved in 2009:

- 30 single CME activities
- 2 joint sponsorships
- 19 regularly scheduled series
 - Totaling 294 sessions

Challenges for the Year

The Education Team has continued to look at alternatives to provide CME program to the medical staff. The medical staff were surveyed to determine what the best options were to provide CME activities within the restrictions of the Stark Law. The results indicated the medical staff would be interested in attending a local program from 1 hour to a full day without a fee. Coordination of these types of activities is difficult due to limited resources.

Distribution:

Education Team	Date: August 27, 2010
Quality Council	Date: September 27, 2010
Medical Executive Committee	Date: October 26, 2010
Medical Policy Committee	Date: November 4, 2010
Board of Trustees	Date: November 8, 2010

POLICY FOR CATEGORY I CONTINUING MEDICAL EDUCATION

I. CALIFORNIA MEDICAL ASSOCIATION AND CONTINUING MEDICAL EDUCATION

Sutter Medical Center, Sacramento's authority to provide Category 1 CME credit for appropriate educational activities comes from the California Medical Association/Institute for Medical Quality (CMA/IMQ). The CMA/IMQ has the authority and responsibility to accredit providers of Category 1 CME and periodically review those providers to assure that they are meeting the CMA/IMQ's accreditation standards.

The CMA/IMQ accreditation standards permit Sutter Medical Center, Sacramento to approve Category 1 CME credit to other entities in the Sutter System, providing these activities comply fully with accreditation standards.

II. INTRODUCTION

This document outlines the policies and procedures governing development of educational activities for Category 1 CME credit. The Education Team will work with hospitals, medical groups, and other entities, to approve CME credit for appropriate educational activities. The CMA/IMQ, which authorizes SMCS to provide Category 1 CME credit, has very specific expectations and requirements regarding Category 1 CME activities. Providing credit for educational activities will be contingent upon compliance with CMA/IMQ's current standards and requirements. The Education Team cannot approve credit for activities that do not meet these requirements. Retrospective approval is not permitted per accreditation standards.

III. MISSION STATEMENT

Sutter Medical Center, Sacramento recognizes that excellence in patient care depends in large part upon the skills and knowledge of our health care providers. A commitment to continuing professional education is therefore a vitally important component of our commitment to excellence in patient care. The Continuing Medical Education (CME) program at Sutter Medical Center, Sacramento is an expression of this commitment.

The CME program at Sutter Medical Center, Sacramento is dedicated to enhancing clinical excellence in our facility by assisting physicians and other health care providers to meet their educational needs. The goal is to provide educational activities which offer opportunities for physicians and other health professionals to:

- Maintain and improve skills, knowledge, and problem solving approaches in clinical practice;
- Enhance medical staff leadership;

- Keep abreast of advances in knowledge, procedures, and technology; and
- Adapt effectively to the changing practice environment of the 21st century.

The CME programs are based on needs identified by the target audiences based on the program's purpose, current situation and ideal situation and are rigorously evaluated to permit on-going assessment of quality and effectiveness. An expected result of each CME activity is to improve competency and/or performance and/or patient outcomes. The scope of the CME program includes educational activities includes but is not limited to section and department meetings, grand rounds, medical staff meetings, case conference/tumor boards, etc. Teaching methods include didactic lectures, group discussion, case studies, workshops, journal clubs and hands-on training.

IV. REQUIRED DOCUMENTS:

The following are the documents that make up the CME application.

1. Proposal for Category 1 CME Credit

A completed CME Program Request packet **MUST** be received by the Medical Staff Services/CME Office 30 days before an activity occurs. Included with the CME Activity Planning Form must be a draft brochure, flyer or announcement (refer to Section 7 – “Publicity” or content requirements). It is understood that there may be occasions when a proposal requires consideration before a regularly scheduled Education Team meeting. Therefore, the Education Team delegates the Chair or Vice Chair to consider a CME program outside of committee, however, the decision requires ratification by the Education Team at the next scheduled meeting. The requesting physician or his/her designee must fill out the CME Activity Planning Form. It is not appropriate for the CME Activity Planning Form be filed out by a commercial company or their representative.

The needs assessment for an activity is of particular importance. The assessment includes the program purpose, current situation and ideal situation. Additionally the activity needs to identify the gap in knowledge, competence and/or performance and how the outcome of the activity will be measured. .

Program objectives should be developed by the individual or committee planning the program to reflect the identified needs of the audience. The speaker may refine these to reflect his/her own approach. Please note: The objectives need to be included in all announcements or publicity for an activity.

In 2004, the State of California passed Assembly Bill (AB 1195), which mandates the incorporation of activities that address Cultural and Linguistic Competency into all Continuing Medical Education curricula for physicians in the state. All California CME Providers are required to adhere to this law. Your CME activity **MUST** document and clearly establish how you are going to incorporate cultural and/or linguistic competency into your program. Cultural competencies can include religion, gender, age, ethnicity and/or language. An example of cultural competency in a CME activity would be an

education program regarding diabetes. There is clinical evidence that certain ethnicities are at higher risk for diabetes. To meet this requirement, you need to describe what type of cultural or linguistic competencies you plan to incorporate in your activity. Ways to meet this requirement is to have the speaker include the competency in his/her lecture or maybe distribution of pertinent literature. Applications without a description on how your activity will incorporate cultural and linguistic competency will be considered incomplete. ***Note: Regularly Scheduled Series (RSS) are considered a single activity for the year. To meet this requirement at least one of the meetings need to include cultural and/or linguistic competency as part of the education session.***

Activity content and funding must remain under the control of Sutter Medical Center, Sacramento. Commercial companies' may not arrange or script any CME activities.

2. Disclosure Statement

Everyone who is in a position to control the content of an education activity must complete a disclosure statement. This includes speakers, program planners and Education Team members. Should it be determined that a conflict of interest exists as a result of a financial relationship, the conflict must be resolved before the education activity. If the conflict is with the speaker, a member of the Education Team or designee must review a copy of the speaker's presentation or detailed summary/outline of the program. If the conflict is with an Education Team Member, that person or persons must excuse themselves from any discussion or decision about the education program(s). The CME program file must contain an affidavit that the conflict has been resolved.

All disclosures must be communicated in writing or verbally before all education programs. If the disclosure(s) are given verbally before the program, a signed affidavit that verbal disclosure was provided needs to be completed and filed in the front of the disclosure statement binder.

3. Letter of Agreement

When a program is being financially supported by a pharmaceutical or other company, the Letter of Agreement must be completed and signed by the company's representative.

The CMA/IMQ requires that all monies in support of a CME activity (i.e., honorarium, speaker travel expenses, printing costs, catering, etc.) "be payable to the accredited sponsor." Speakers are not permitted to accept any payments or reimbursements from any commercial interest for presenting a CME activity.

Receipt of unrestricted education grants must be disclosed on all education announcements.

The CMA/IMQ is explicit in its prohibition of any commercial promotional material being displayed or distributed in the same room as an educational activity before, during, or immediately after an activity.

4. Speaker Information Form

This document provides information about the speaker's name and title, an accurate mailing address and phone number for the speaker as well as critical information regarding the speaker's audiovisual requirements.

5. Speaker's C.V.

A copy of the speaker's C.V. should be in the program file. The only exception is when the speaker is a member of the Medical Staff at Sutter Medical Center, Sacramento. A CV is generally used to provide information when introducing a speaker or for the Education Team to review when determining the qualifications of the speaker. In the case of a medical staff member, that information is often well known.

6. W-9, Speaker Contract Form and Independent Contractor Checklist

These forms are required by Sutter Health's accounts payable department to process payment of honorarium or expenses to the speaker.

7. Publicity

Any materials publicizing an educational activity should include the time, place, speaker name, speaker title, and program title. All publicity materials **must** include the following:

- a. A statement of the objectives of the activity.
- b. The statement indicating the program has been approved for Category I CME.
- c. Acknowledgement of unrestricted education grants.
- d. Target Audience
- e. Speaker's Disclosures
- f. Program Planner's Disclosures

V. JOURNAL CLUB MEETING

In order to assure the Journal Club meetings meet the criteria for Category I CME credits, proposal for Journal Club meetings must include the following:

1. A clearly identified objective for the meeting - this could be to review current literature on a particular topic or to review the most significant publications in a particular field for a specified period of time.
2. A needs assessment - some statement regarding the criteria for selection of topic or journals.
3. Educational objectives for the meeting.

4. A group leader who takes responsibility for assigning specific journals or topics and who takes responsibility for the educational content of the meeting.
5. Journals or journal articles identified in advance and assigned to discussants.
6. An agenda, which describes how the meeting will be conducted.
7. Identification of any pharmaceutical support and, if there will be pharmaceutical support, a Letter of Agreement from the pharmaceutical company is required.
8. Appropriate documentation of the meeting, sign-in list, short meeting summary and evaluations.

VI. PROGRAM REVIEW AND APPROVAL PROCESS

All required documents will be reviewed by the designated Medical Staff/CME Services Department staff and completed applications will be submitted to the Education Team for approval. **The submitting party CANNOT send out any program announcement without obtaining Education Team approval first.** Proposals must be received within 30 days of the proposed education program.

Proposals for CME credit must be in the Medical Staff/ CME Services Department before the program occurs. There can be no retroactive program approval.

VII. POST-PROGRAM DOCUMENTATION

1. Methods of Evaluation

It is the Education Team's responsibility to oversee the method for program evaluation. The purpose of evaluating CME programs is to "assess the success of each CME activity including the effectiveness of the speaker, the degree of success in meeting the educational objectives and the potential influence the program may have on improving the" attendee's "clinical practice." The following outlines current methods utilized and who is responsible for reviewing the evaluation summary:

All CME Events That Are Not Considered Regularly Scheduled Program:

Attendees will be asked to provide an evaluation at the end of each program. The Education Team will review the evaluation summary.

Non-Accredited Entities:

Attendees will be asked to provide an evaluation at the end of each program. The Education Team and the designated person at the affiliate level will review the evaluation summary.

Clinical Departments:

Attendees will be asked to provide an evaluation at the end of each program. The designated committee, at the clinical department level, will review the evaluation summary.

Standing Conferences (i.e., Tumor Conferences, etc.):

Attendees will be asked to provide an evaluation on a quarterly basis. The Education Team will review the evaluation summary.

All evaluation forms **must** include a question about whether the program accomplished its objectives and if the program was free of bias. The evaluation form should include the course objectives and the speaker's disclosures. A summary of the evaluation results will be included in the program file.

2. Attendance Roster

Sign-in sheets include a legible list of the attendees and the number of CME hours the attendees plan to report. Attendance records are kept for six (6) years.

3. Handouts

Any **handouts** the speaker uses must be included in the program file. If a speaker would like to use a published article, even if he/she is the author, written permission from the publisher is required. This permission must be documented on the handout.

VIII. HONORARIA

A reasonable honorarium may be offered to speakers. The amount of the honorarium will be determined using the formula outlined in the Honorarium Policy.

IX. COMMERCIAL SUPPORT

- Commercial and vendor companies, which include pharmaceutical and device companies, may provide funding for education offerings as unrestricted education grants payable to the Department of Medical Staff/CME Services.
- These companies may recommend topics or speakers, but the final decision regarding the speaker and the topic is the responsibility of the program planners.
- Commercial and vendor companies may NOT directly pay the speaker honorarium or travel expenses. The grant must be received by the Department of Medical Staff/CME Services, which will then pay the speaker appropriately.
- No commercial or vendor company may place display material, product literature or other advertising material in the conference room. The obviate pathway may not be obscured in any manner.

- No more than two commercial/vendor representatives from the same company may be in the conference room at one time without special permission from the Education Team or designee.
- The Education Team will make appropriate acknowledgements for education goals.

X. BUSINESS PRACTICES

It is the practice of this department that program revenue, usually in the form of educational grants, be deposited into the Sutter Hospitals' Foundation CME account. Requests for payment of program expenses including honorarium, catering, printing, etc., will be processed within 15 business days from the program date or receipt of invoice. Revenue generated through course registration is deposited into CME operations account.

Medical Staff Services will track CME credits for SMCS physicians only with annual transcripts mailed in January of the following year; all other attendees will receive the appropriate certificate of attendance.

XI. CONCLUSION

The CMA/IMQ guidelines are derived from the Accreditation Council for Continuing Medical Education (ACCME) Essential Areas and Elements. Sutter Medical Center, Sacramento adheres to the spirit of the guidelines governing educational activities set forth by the CMA. Activities that are not in compliance with these guidelines will not be approved for credit.

APPROVALS:

Education Team (<i>approved outside of committee</i>):	Date: March 2, 2009
Quality Council:	Date: March 23, 2009
Medical Executive Committee:	Date: April 28, 2009
Medical Policy Committee:	Date: May 7, 2009
Board of Trustees:	Date: June 11, 2009

Document:	J:\MedStaff Docs\MedStaff P&Ps\Education Team\EDTM - Policy for Category 1 Continuing Medical Education.doc
Origination Date:	January, 2000
Last Revision Date:	8/01, 2/02, 6/02; 10/02; 11/05' 3/06; 5/06; 3/08; 02/09

PHYSICIAN EDUCATION HONORARIA GUIDELINES

I. PURPOSE:

To standardize honoraria to speakers who provide physician education programs which the Education Team has approved for CME credit.

II. PROCEDURE:

Honoraria Guidelines

A local speaker may be paid up to \$1,000 per hour of CME presentation.

A regional speaker may be paid up to \$1,500 per hour of CME plus reasonable travel expenses.

A speaker outside the regional area may be paid up to \$5,000 per program plus reasonable travel expenses. The Education Team will give final approval for the honoraria at this level. Factors that will be considered are how many presentations are given in what time frame.

Physicians who teach standardized program content to other physicians which is accredited for CME (i.e., ACLS, BLS, PALS), which requires minimal preparation time, may be paid \$125.00 per hour.

Reimbursement Process

A check request accompanied by a Speaker Contract, Independent Contract Checklist and W9 form are sent to Accounts Payable. Receipts are required for expenses other than honoraria.

These guidelines will be reviewed every three years.

APPROVALS:

Education Team: Date: November 7, 2008

Quality Council: Date: August 25, 2009

Medical Executive Committee Date: September 22, 2009

**CALIFORNIA MEDICAL ASSOCIATION
OFFICIAL ACCREDITATION DECISION REPORT**

Sutter Medical Center, Sacramento
Sacramento, California

DATE OF SURVEY

October 27, 2010

SURVEYOR

K.M. Tan, MD

ACCREDITATION PERIOD

November 17, 2010 – November 30, 2014

INTERIM REPORT DUE DATE

June 1, 2011

FINDINGS

Special Note – Regularly Scheduled Series (RSS)

Although the provider has some oversight of their regularly scheduled series (RSS), they do not have monitoring data.

Providers who present RSS must be able to describe and verify that they have a system in place to monitor each series' compliance with all of the accreditation requirements. Please see clarification to this requirement for more details (it can be found in the standards manual).

Essential Area 1: Purpose and Mission

Criterion 1:

Noncompliance:

The provider does not have a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of competence, performance, or patient outcomes that will be the result of the program.

Description of performance:

It was noted that the expected results described more of an overall purpose instead of a clear articulation of a change in competence, performance or patient care outcomes.

Recommendation:

Compliance is determine when there is explicit information on the five required components of the CME mission that details how the organization intends to change their learners' through an overall CME program oriented to a stated purpose. The manner in which the provider intends to achieve these expected results is described in terms of the content areas the CME will address, who the target audience of their educational efforts will be, and what types of activities they will pursue. Expected results are articulated in terms of a change in competence, performance or patient care outcomes.

Essential Area 2: Educational Planning

Criterion 2	<p>Compliance: The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.</p> <p>Consultative comment: Although the provider was not found in noncompliance for this Criterion, it is recommended that they update their planning form to ensure that educational needs are articulated in terms of knowledge, competence, or performance and that they are linked to professional practice gaps.</p>
Criterion 3	<p>Noncompliance: The provider does not generate activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.</p> <p>Description of performance: It was noted that there was no documentation that activities were consistently designed to change competence, performance, or patient outcomes. The check-off boxes did not contain specific information on what the desired changes were.</p> <p>Recommendation: This criterion is the implementation of Criterion 2 in the provider's overall program of CME. In the planning of its program of CME activities, the provider must attempt to change physician competence, performance, or patient outcomes, based on what was identified as needs (that underlie a professional practice gap). The expectation is that the education will be designed to change learners' strategies (competence), or what learners actually do in practice (performance), or the impact on the patient or on healthcare (patient outcomes.)</p> <p>At the very least, a 'knowledge' need must be translated into a change in competence, performance and patient outcomes in order to generate a finding of compliance. If a provider's program is only planning activities to change knowledge then that will not result in a finding of compliance.</p>
Criterion 4	<p>Compliance: The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.</p>
Criterion 5	<p>Compliance: The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.</p>

<p>Criterion 6</p>	<p>Noncompliance: The provider does not develop activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).</p> <p>Description of performance: It was noted that although desirable physician attributes (e.g., IOM competencies) may have been covered in activities, there was no documentation that these were considered in the planning stage or that activities were developed in the context of desirable physician attributes.</p> <p>Recommendation: It is recommended that the consideration of physician attributes be purposeful and documented in the planning and development of activities. The key to compliance with this Criterion is to demonstrate that there is an active recognition of “desirable physician attributes” in the planning process. An example of this is: “We have planned to do a set of activities that touch on professionalism and communications to address our patients’ concerns that they are not receiving complete discharge instructions – which is the identified professional practice gap.”</p>
<p>Criterion 7</p>	<p>Noncompliance: The provider does not develop activities/educational interventions independent of commercial interests (SCS 1, 2, 6).</p> <p>Description of performance: It was noted that the application and the activity files did not provide consistent evidence of the following:</p> <ul style="list-style-type: none"> • SCS 2.1 -All in control of content (including all CME committee members) disclose to provider relevant financial relationships. <ul style="list-style-type: none"> ○ Not everyone involved in the planning had disclosed. • SCS 2.3 -Implementation of mechanism to identify and resolve conflicts of interest prior to CME activity being delivered to learners. <ul style="list-style-type: none"> ○ While provider did collect disclosure information, it did not consistently document how they resolved any conflicts of interest. • SCS 6.1 – 6.5– Disclosures Relevant to Potential Commercial Bias <ul style="list-style-type: none"> ○ Provider did not consistently disclose to the audience ○ Provider did not disclose to the audience any relevant financial relationships (or lack of them) of those involved in the planning. (SCS 6.1) <p>Recommendation: It is recommended that the Standards for Commercial Support be reviewed and that provider’s practices be revised to ensure compliance with the above areas of noncompliance.</p>

<p>Criterion 8</p>	<p>Noncompliance: The provider does not demonstrate appropriate management of commercial support (SCS3).</p> <p>Description of performance: It was noted that the provider did not have written agreements documenting terms of commercial support:</p> <ul style="list-style-type: none"> • Not all written agreements for commercial support were present. (SCS 3.4 and 3.5) • Not all written agreements for commercial support were signed by both the commercial supporter and the provider (SCS 3.6). • Ensure that they pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider’s written policies and procedures. (SCS 3.8) • Have accurate documentation detailing the receipt and expenditure of the commercial support. (SCS 3.13) <p>Recommendation: It is recommended that the Standards for Commercial Support be reviewed and that provider’s practices be revised to ensure compliance with the above areas of noncompliance.</p>
<p>Criterion 9</p>	<p>Compliance: The provider demonstrates appropriate management of commercial promotion associated with educational activities (SCS4).</p>
<p>Criterion 10</p>	<p>Compliance: The provider demonstrates that the content and format of educational activities is without commercial bias (SCS5).</p>

Essential Area 3: Evaluation and Improvement

Criterion 11

Noncompliance:

The provider does not analyze changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

Description of performance:

It was noted that the provider did not have a mechanism to evaluate changes in competence, performance or patient outcomes achieved as a result of the overall program's activities/educational interventions. While the provider used an evaluation form after every activity, the collected information did not give them any data on changes in competence (and no other evaluation was done). Therefore, the provider could not analyze their activity evaluation information in the context of a change in (at least) competence.

Recommendation:

The provider is asked to analyze the overall changes in competence, performance, or patient outcomes facilitated by their CME program using data and information from each CME activity. Providers must not only evaluate their learners, but also analyze the data obtained from this evaluation. Providers who only measure change in knowledge in all their activities will not have any data on change in competence, performance, or patient outcomes to analyze.

Criterion 12

Noncompliance:

The provider does not gather data or information and conduct 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.

Description of performance:

It was noted that the provider did not conduct 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.

Recommendation:

The provider is asked to integrate C11 information with a broader view of the CME program and organization to determine the program's success at meeting all components of its own CME mission as described in C1 (i.e., purpose, content areas, target audience, type of activities, and expected results). Providers that review only activity measures of change (expected results) without looking at the other components of the mission will not be found in compliance.

<p>Criterion 13</p>	<p>Noncompliance: The provider does not identify, plan and implement the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.</p> <p>Description of performance: It was noted that the provider did not identify, plan or implement needed or desired changes to the overall program.</p> <p>Recommendation: For compliance with this Criterion, the provider identifies its own 'professional practice gap' in terms of its performance as a CME provider and creates a strategic plan for organizational improvement, based on the insights from C11 and 12.</p>
<p>Criterion 14</p>	<p>Noncompliance: The provider does not demonstrate that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed.</p> <p>Description of performance: It was noted that the provider did not demonstrate that identified program changes or improvements to improve on the provider's ability to meet the CME mission were underway or completed.</p> <p>Recommendation: For compliance with this Criterion, the provider demonstrates the implementation of the change plans described in Criterion 13.</p>
<p>Criterion 15</p>	<p>Noncompliance: The provider does not demonstrate that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured.</p> <p>Description of performance: It was noted that the provider did not demonstrate measurement of the impacts of program improvements.</p> <p>Recommendation: This Criterion focuses on the results of the specific changes implemented in Criterion 14 and the impact of these improvements on the ability of the provider to meet its mission.</p>

Engagement with the Environment: Criteria for Achieving Accreditation with Commendation

<p>Criterion 16</p>	<p>Not applicable: The provider submitted no evidence for review by the IMQ to demonstrate compliance with this Criterion.</p>
<p>Criterion 17</p>	<p>Not applicable: The provider submitted no evidence for review by the IMQ to demonstrate compliance with this Criterion.</p>
<p>Criterion 18</p>	<p>Not applicable: The provider submitted no evidence for review by the IMQ to demonstrate compliance with this Criterion.</p>
<p>Criterion 19</p>	<p>Not applicable: The provider submitted no evidence for review by the IMQ to demonstrate compliance with this Criterion.</p>
<p>Criterion 20</p>	<p>Not applicable: The provider submitted no evidence for review by the IMQ to demonstrate compliance with this Criterion.</p>
<p>Criterion 21</p>	<p>Not applicable: The provider submitted no evidence for review by the IMQ to demonstrate compliance with this Criterion.</p>
<p>Criterion 22</p>	<p>Not applicable: The provider submitted no evidence for review by the IMQ to demonstrate compliance with this Criterion.</p>

Accreditation Policies

<p>Accreditation Statement</p>	<p>Compliance: The provider consistently utilizes the appropriate accreditation statement(s) for its activities.</p> <p>Consultative comment: In one instance, the accreditation statement was incorrect. It is recommended that the provider review all publicity and ensure that the appropriate accreditation and credit designation statements are used for all activities, including joint sponsorships. The correct statement should include <i>AMA PRA Category 1 Credit(s)TM</i>, italicized and with the trademark symbol.</p>
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Physician Participation	<p>Compliance: The provider has mechanisms in place to record and, when authorized, verify participation of a physician for six years from the date of the CME activity.</p>
Activity Documentation	<p>Compliance: The provider consistently retains activity records/files for the current accreditation term or for the last twelve months, whichever is longer.</p>
AB 1195 Cultural & Linguistic Competency (3.2.1)	<p>Noncompliance: The provider is not compliant with all California State laws regarding continuing medical education, including Assembly Bill 1195, effective July 1, 2006.</p> <p>Description of Performance: It was noted that relevant Cultural & Linguistic Competency (CLC) was not consistently incorporated into CME activities.</p> <p>Recommendation: It is recommended to consider CLC at the early planning stages of an activity and ensure it is incorporated into all CME activities. Please refer to the 2010 CLC Standard to ensure compliance with this requirement.</p>
Enduring Materials	<p>Not applicable: The provider does not offer enduring materials.</p>
Journal CME	<p>Not applicable: The provider does not offer journal CME.</p>
Internet CME	<p>Not applicable: The provider does not offer Internet CME.</p>

Summary of Compliance Findings

Criterion	Compliance	Noncompliance	Not applicable
1		X	
2	X		
3		X	
4	X		
5	X		
6		X	
7 (SCS 1, 2, 6)		X	
SCS 1	X		
SCS 2		X	
SCS 6		X	
8 (SCS 3)		X	
9 (SCS 4)	X		
10 (SCS 5)	X		
11		X	
12		X	
13		X	
14		X	
15		X	
16			X
17			X
18			X
19			X
20			X
21			X
22			X
Policy	Compliance	Noncompliance	Not applicable
Accreditation Statement	X		
Physician Participation	X		
Activity Documentation	X		
AB 1195 (3.2.1)		X	
Enduring Materials			X
Journal CME			X
Internet CME			X

Sutter Medical Center, Sacramento Interim Report¹

Self-Assessment

Since our survey on October 27, 2010, the Education Team (“Team”) has reviewed and discussed the areas of noncompliance listed below²⁻⁵. It was noted the previously revised continuing medical education (CME) documents had intended to meet the requirements, but were insufficient and did not meet the new standards. It was decided only two activities for 2011 already approved in 2010 would maintain their CME approval. All other activities, including regularly scheduled series (RSS) would not be approved until the Sutter Medical Center, Sacramento (SMCS) CME Program had been brought into compliance. Notice was sent to the program planners regarding this decision⁶.

- Regularly Scheduled Series – *monitoring system*
- Criterion 1 – *purpose and mission*
- Criterion 3 – *generate activities to change competence, etc.*
- Criterion 6 – *include desirable physician attributes*
- Criterion 7 – *develop activities without commercial interest*
- Criterion 8 – *appropriately manage commercial support*
- Criterion 11 – *analyze change in learners*
- Criterion 12 – *conduct program-based analysis*
- Criterion 13 – *evaluate CME Program & make changes*
- Criterion 14 – *provider shows changes are underway*
- Criterion 15 – *provider shows improvements are measured*
- AB 1195 Cultural & Linguistic Competency – *not consistently incorporated into activities*

Recommendations

The following documents have been updated to address the noted requirements.

- Mission Statement⁷ (*Criterion 1*)
- Education Team 2011 Signed Disclosures⁸ (*Criteria 7*)
- CME Activity Request Form⁹⁻¹⁰ (*Criteria 3, 6, 7, 8, 11, CLC*)
 - *Criterion 3 – The Education Team will be involved in planning CME activities that attempt to change physician competence, performance, or patient outcomes based on what was identified as needs.*
 - *Criterion 6 – Desirable physician attributes added, based on the Accreditation Council of Graduate Medical Education (ACGME) competencies.*
- Disclosure Form¹¹ (*identify conflicts for all speakers, moderators, planners*)
- Flyer – SMCS Only¹² (*accreditation statement & disclosure*)
- Flyer – Joint Sponsorship¹³ (*accreditation statement & disclosure*)
- Peer Review Validation Record¹⁴ (*document conflict resolution*)
- CME Activity Outcomes Measurement Analysis¹⁵ (*Criteria 11, 12*)
- CME Activity Evaluation – Single Activity¹⁶ (*can be used for Criteria 11, 12, 13*)
- CME Activity Evaluation – RSS¹⁷ (*can be used for Criteria 11, 12, 13*)
- CME Activity Checklist¹⁸ (*to assist Education Team in evaluating CME requests*)
- CME Terms¹⁹ (*to assist program planners in preparing CME requests*)

Sutter Medical Center, Sacramento Interim Report¹

To assist in the education of the Team members CME Reference Manuals²⁰ were developed which include pertinent documents, such as the Mission Statement, Standards, etc. Team members have been assigned as liaisons²¹ to provide one-on-one education and assistance to the program planners regarding IMQ/CMA CME Accreditation Standards (“Standards”) and requests for CME related activities. There will also be an educational session held to review the current Standards and CME Approval Process with the program planners. The goal of this session is to educate the planners on the new Standards and the new CME approval process.

The Team also updated membership by removing those members that didn’t regularly attend, requested the Chief of Staff appoint physician members from specialties that request CME, and added a quality representative from the Integrated Quality Services (IQS) Department.²²⁻²³

There is still work to be done before the CME Program is in full compliance. The following documents need to be updated and reviewed at the July 1, 2011 Team meeting.²⁴

- Annual Reappraisal of the CME Program
- Goals and Objectives, 2011
- Medical Staff Policy for Category I CME
- Medical Staff Physician Education Honoraria Guidelines
- RSS Monitoring Program and Form

Current Practice/Status

It is taking longer than we had anticipated bringing our CME Program into compliance with current Standards with the requisite documentation. We are currently updating documents and educating the appropriate personnel to ensure that all programs are in full compliance with the current Standards. The Medical Staff and Hospital Leadership are being apprised of the new Standards and what is required to comply with them, i.e., the need for more physician representatives, more detailed documentation, additional resources, etc.²⁵ We have been assured that at least two new division chiefs will be joining our Team.

Thus far all of the Team members have been provided their new CME Reference Manuals. In addition to this the Team member liaisons have been working one-on-one with the program planners on CME related activities. We have also scheduled an evening meeting on June 23, 2011 for the program planners, administrators, and physician leaders who are interested in providing educational programs to our physicians.²⁶ At the meeting we will be discussing the new guidelines for CME and the process which must be followed to qualify for *AMA PRA CATEGORY 1 CREDIT(S)*TM.

To date the Team has not approved any CME in 2011²⁷, except as noted above. However we are making significant progress and we anticipate a number of programs will soon be in full compliance. We should be able to resume approving CME for these programs in the near future.

The next Education Team meeting will be on July 1st and we anticipate an eventful meeting.



The Institute for Medical Quality

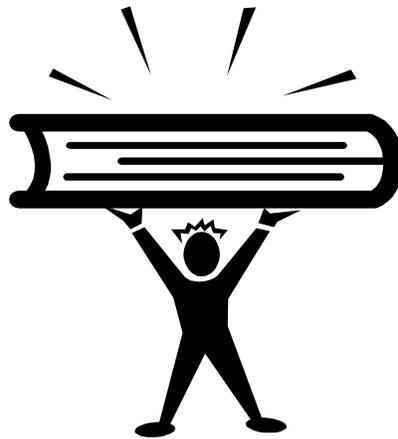
A Subsidiary of the California Medical Association

2011

IMQ/CMA

CME Accreditation Standards Manual

A Guide to Continuing Medical Education in California



IMQ/CMA Continuing Medical Education Accreditation Program

2011

IMQ/CMA CME Accreditation Standards

A Guide to Continuing Medical Education in California

Reviewed and Approved by the
Committee on Continuing Medical Education of
The Institute for Medical Quality/California Medical Association

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What's New in the 2011 IMQ/CMA CME Accreditation Standards Manual?

This manual has been updated and reformatted to present all the accreditation requirements in a user-friendly layout. To ensure that you have the most current program information, please check our web site often for the most up-to-date standards manual. The date of publication is listed on page 2 (the inside cover).

****This edition was most recently updated in April 2011 for the IMQ/CMA CME Provider Conference.***

The 2006 Accreditation Criteria, the ACCME Standards for Commercial SupportSM and policies have remained unchanged since the 2010 CME Provider Conference. This Standards Manual reflects ACCME requirements and not all AMA PRA requirements at this time. The new AMA credit designation statement is located on page 21.

American Medical Association (AMA) Physician's Recognition Award (PRA)

There have been some revisions to the AMA PRA credit system that will take effect for all activities presented or released on or after July 1, 2011. These revisions, which are in addition to the other existing requirements, include the following:

1. Enduring materials
2. Journal-based CME activities
3. Manuscript review activities
4. Performance improvement CME (PI CME) activities
5. AMA credit designation statement

While accredited CME providers may choose to implement these changes immediately, full implementation is required as of July 1, 2011. The AMA PRA booklet (2010 revision) is available on the AMA website, <http://www.ama-assn.org/resources/doc/cme/prabooklet.pdf>

Accredited CME providers must meet all AMA core and format-specific requirements in order to certify any activity for *AMA PRA Category 1 Credit™* and to award this credit to physicians.

IMQ/CMA CME Program Policies and Procedures

Since the 2009 publication, some internal IMQ/CMA CME Program Policies & Procedures have been removed from this manual. Information on applying for either initial accreditation or reaccreditation, however, is available on our website, www.imq.org. We encourage you to contact IMQ staff if your organization is interested in becoming accredited or have any questions about the accreditation process. In addition, the following policy is available upon request from IMQ staff:

- Policy for Complaints and Inquiries about Accredited Providers

Questions and Comments

If you have any questions or comments, please contact the IMQ CME Accreditation Program at (415) 882-5182.

INTRODUCTION

ACCME Recognition

The Institute for Medical Quality (IMQ)/California Medical Association (CMA) has been designated by the nationally-recognized accrediting agency for continuing medical education, the Accreditation Council for Continuing Medical Education (ACCME), as California's intrastate accrediting agency.

IMQ, on behalf of CMA, accredits California-based hospitals, ambulatory care clinics, specialty societies, health plans, and other health care organizations on a voluntary basis to offer *AMA PRA Category 1 Credits™*.

Physicians who attend CME courses offered by IMQ/CMA accredited providers meet the Medical Board of California's Division of Licensure requirements for physician licensure and receive credits towards the American Medical Association's Physician's Recognition Award and the California Medical Association's Certification in Continuing Medical Education.

IMQ/CMA's CME Accreditation Program

IMQ/CMA's CME Accreditation Program is administered under the leadership of the IMQ/CMA's Committee on Continuing Medical Education. This CME Committee makes final accreditation decisions. Please see page 2 for a list of current committee members and consultants.

IMQ/CMA CME Accreditation Standards Manual

Throughout this document the terms "organization" and "provider" are used broadly to include hospitals, professional societies and other entities that offer CME for physicians. The term "program" refers to the organization's overall CME effort while "activity" refers to individual educational activities, such as live courses, regularly scheduled series, enduring materials, etc., which collectively comprise the overall program.

In late 2010, the American Medical Association (AMA) published a revised version of its PRA booklet, *The Physicians Recognition Award and Credit System*, which trademarks the term *AMA PRA Category 1 Credit™*. In this standards manual, the term "Category 1 CME" refers to continuing medical education that has been designated for *AMA PRA Category 1 Credit™*.

IMQ/CMA CME ACCREDITATION

Accreditation Overview

The Institute for Medical Quality/California Medical Association (IMQ/CMA) recognizes that the professional responsibility of physicians requires continuous learning as appropriate to individual learning needs. IMQ/CMA also recognizes that physicians choose CME activities in accordance with their own needs, individual learning styles and practice setting requirements and evaluate their own learning achievements. The IMQ/CMA CME Accreditation Standards are therefore designed to encourage accredited CME providers to consider the needs of physician participants and promote physician involvement in the planning process.

IMQ/CMA strives to increase physician access to quality CME by accrediting organizations whose overall CME programs meet or exceed established criteria for educational planning and quality. Accreditation is granted on the basis of an organization's demonstrated ability to plan and implement CME activities in accordance with the IMQ/CMA CME Accreditation Standards.

Accreditation Standards

In 2004, IMQ/CMA's Committee on Continuing Medical Education adopted the Accreditation Council for Continuing Medical Education (ACCME) Essential Areas and their Elements as its accreditation standards. In September 2006, the ACCME announced updates to its Accreditation Criteria, which IMQ/CMA then adopted as well. These are called the 2006 Accreditation Criteria.

The Essential Areas and Decision-Making Criteria

The IMQ/CMA CME Accreditation Program surveys organizations for compliance with three Essential Areas: Purpose and Mission; Educational Planning; and Evaluation and Improvement. Fulfillment of 7 *additional* criteria qualifies an organization to receive Accreditation with Commendation. In addition, compliance with the original administrative Essential Elements 3.1 and 3.2 are determined at the time of initial application and, as required, during each provider's term of accreditation.

IMQ/CMA Supplemental CME Policies

IMQ/CMA CME Accreditation Policies supplement the Essential Areas and Decision-Making Criteria. Compliance with these policies is required for accreditation.

Standards and the Policies & Guidelines for Commercial Support

In 2006, the ACCME Standards for Commercial SupportSM: Standards to Ensure the Independence of CME Activities were incorporated into Criteria 7-10 of the 2006 Accreditation Criteria (see page 9). All of the Standards, as well as the policies and definitions that supplement the Standards, still apply. Please see the 2004 updated ACCME Standards for Commercial SupportSM: Standards to Ensure the Independence of CME Activities, beginning on page 12.

Compliance with Assembly Bill 1195 -- Continuing Education: Cultural and Linguistic Competency

Compliance with Assembly Bill 1195 is still required under the 2006 Accreditation Criteria. Providers will be asked on the accreditation/reaccreditation application about their process to comply with this law. In May 2009, IMQ/CMA published new guidelines for compliance, New Cultural and Linguistic Proficiency Policy Conforming with AB 1195 Guidelines, which are detailed on page 11.

Accreditation Terms that Correspond with Levels of Accreditation

The CME Committee reviews the findings of the organization and typically renders one of the following decisions, with or without a requirement for interim report to monitor any area of non-compliance found during the survey, according to the following requirements:

Typical Levels and Terms of Accreditation

Type of Accreditation	Requirements	Length of Term
Provisional	Compliance with Criteria 1 to 3 and 7 to 12 and all Accreditation Policies	2 years
Continued	Compliance with Criteria 1 to 15 and all Accreditation Policies	4 years
Commendation	Compliance with Criteria 1 to 22 and all Accreditation Policies	6 years

The CME Committee also may render decisions of Non-Accreditation or Probation, which is a one-year accreditation. The accreditation decision may include a request for an Interim Report and the deadlines for compliance for any area of noncompliance. An Interim Report will be due within one year of the date of accreditation.

American Medical Association' Physicians Recognition Award

In January 2006, the American Medical Association (AMA) published a revised version of its PRA booklet, *The Physicians Recognition Award and Credit System*, and trademarked the term *AMA PRA Category 1 Credit™*. All accredited CME providers also must abide by the rules and regulations stipulated in this booklet, which can be accessed online at:

<http://www.ama-assn.org/ama/pub/education-careers/continuing-medical-education/physicians-recognition-award-credit-system/full-text-booklet.page>

Definition of Continuing Medical Education

The California Legislature defines Category 1 continuing medical education as follows:

Continuing medical education activities that serve to maintain, develop or increase the knowledge, skills, and professional performance that a physician or surgeon uses to provide care, or improve the quality of care provided for patients, including, but not limited to, educational activities that meet any of the following criteria:

1. Have a scientific or clinical content with a direct bearing on the quality or cost-effective provision of patient care, community or public health, or preventive medicine
2. Concern quality assurance or improvement, risk management, health facility standards, or the legal aspects of clinical medicine
3. Concern bioethics, professional ethics
4. Designed to improve the physician/patient relationship

The definition expressly excludes:

Educational activities that are not directed toward the practice of medicine, or are directed toward the business aspects of medical practice, including, but not limited to, medical office management, billing and coding, and marketing.

Examples of Courses Eligible for Category 1 Credit According to California Legislature

CME committees may consider courses related to the following as eligible for Category 1 credit:

- Quality assessment and clinical outcome measurements
- Risk management relative to preventive care
- The evolving role of physicians in managed care, (i.e., leadership, management/administration, policy development)
- Various organizational models - how they work; steps required to develop a model and physicians' roles in them

Examples of Courses Ineligible for Category 1 Credit According to California Legislature

CME committees should not consider courses related to the following as eligible for Category 1 credit:

- Medical office management in integrated healthcare delivery/group practice arrangements
- Marketing of integrated delivery systems/group practice arrangements
- Understanding corporate structure from a financial or legal perspective

If you have any questions about course content that is eligible for Category 1 credit, please contact the IMQ/CMA CME Accreditation Program Office.

THE IMQ/CMA'S ESSENTIAL AREAS AND THEIR ELEMENTS

ESSENTIAL AREA 1: PURPOSE AND MISSION

The provider must,

Element 1	Have a written statement of its CME mission, which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.
------------------	--

ESSENTIAL AREA 2: EDUCATIONAL PLANNING

The provider must,

Element 2.1	Use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities.
Element 2.2	Use needs assessment data to plan CME activities.
Element 2.3	Communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.
Element 3.3	Present CME activities in compliance with the ACCME's policies for disclosure and commercial support. [NOTE: The ACCME's policies for disclosure and commercial support are articulated in: (1) <i>The Standards For Commercial Support: Standards to Ensure Independence in CME Activities</i> , as adopted by ACCME in September 2004; and (2) ACCME policies applicable to commercial support and disclosure. All materials can be found on www.accme.org .]

ESSENTIAL AREA 3: EVALUATION AND IMPROVEMENT

The provider must,

Element 2.4	Evaluate the effectiveness of its CME activities in meeting identified educational needs.
Element 2.5	Evaluate the effectiveness of its overall CME program and make improvements to the program.

ADMINISTRATION

Compliance with the following are determined at the time of initial application and, as required, during each provider's term of accreditation.

The provider must,

Element 3.1	Have an organizational framework for the CME unit that provides the necessary resources to support its mission including support by the parent organization, if a parent organization exists
Element 3.2	The 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.

2006 ACCREDITATION CRITERIA

On September 5, 2006, the Accreditation Council for Continuing Medical Education (ACCME) announced updates to its Accreditation Criteria. **All providers are now surveyed on these 2006 Criteria.** IMQ will continue to work to ensure that resources and support are available to help all accredited CME providers understand and apply the Updated Accreditation Criteria to their CME programs.

2006 Updated Decision-Making Criteria Relevant to the Essential Areas and Elements

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

Essential Area and Element(s)		Criteria for Compliance
Essential Area 1: Purpose And Mission	<p>The provider must,</p> <p>E 1 Have a written statement of its CME mission, which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.</p>	<p>C 1 The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.</p>
Essential Area 2: Educational Planning	<p>The provider must,</p> <p>E 2.1 Use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities.</p> <p>E 2.2 Use needs assessment data to plan CME activities.</p> <p>E 2.3 Communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.</p> <p>E 3.3 Present CME activities in compliance with the ACCME's policies for disclosure and commercial support.</p>	<p>C 2 The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.</p> <p>C 3 The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.</p> <p>C 4 The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.</p> <p>C 5 The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.</p> <p>C 6 The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).</p> <p>C 7 The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6).</p> <p>C 8 The provider appropriately manages commercial support (if applicable, SCS 3).</p> <p>C 9 The provider maintains a separation of promotion from education (SCS 4).</p> <p>C 10 The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).</p>
<p>[Note: Regarding E 3.3 and C7 to C10 - The ACCME's policies for disclosure and commercial support are articulated in: (1) The Standards For Commercial Support: Standards to Ensure Independence in CME Activities, as adopted by ACCME in September 2004; and (2) ACCME policies applicable to commercial support and disclosure. All these materials can be found on www.accme.org.]</p>		

Essential Area and Element(s)		Criteria for Compliance
Essential Area 3: Evaluation and Improvement	<p>The provider must,</p> <p>E 2.4 Evaluate the effectiveness of its CME activities in meeting identified educational needs.</p> <p>E 2.5 Evaluate the effectiveness of its overall CME program and make improvements to the program.</p>	<p>C 11. The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program’s activities/educational interventions</p> <p>C 12. The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.</p> <p>C 13. The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.</p> <p>C 14. The provider demonstrates that identified program changes or improvements, that are required to improve on the provider’s ability to meet the CME mission, are underway or completed.</p> <p>C 15. The provider demonstrates that the impacts of program improvements, that are required to improve on the provider’s ability to meet the CME mission, are measured.</p>
Accreditation with Commendation	<p>In order for an organization to achieve the status Accreditation with Commendation, the provider must demonstrate that it fulfills the following Criteria 16 - 22, in addition to Criteria 1-15.</p>	<p>C 16. The provider operates in a manner that integrates CME into the process for improving professional practice.</p> <p>C 17. The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).</p> <p>C 18. The provider identifies factors outside the provider’s control that impact on patient outcomes.</p> <p>C 19. The provider implements educational strategies to remove, overcome or address barriers to physician change.</p> <p>C 20. The provider builds bridges with other stakeholders through collaboration and cooperation.</p> <p>C 21. The provider participates within an institutional or system framework for quality improvement.</p> <p>C 22. The provider is positioned to influence the scope and content of activities/educational interventions.</p>

LEVELS OF ACCREDITATION

PROVISIONAL ACCREDITATION requires compliance with Criteria 1 to 3 and 7 to 12. The criteria required for *Provisional Accreditation* are listed on pages 2-3 in black.

CONTINUED ACCREDITATION requires compliance with Criteria 1 to 3 and 7 to 12 (*Provisional Accreditation*) **plus** six additional criteria; Criteria 4 to 6 and 13 to 15. The additional criteria for *Accreditation* are listed on pages 2-3 in green.

ACCREDITATION WITH COMMENDATION requires compliance with Criteria 1 to 15 (*Continued Accreditation*) **plus** seven additional criteria; Criteria 16 to 22. The additional criteria for *Accreditation with Commendation* are listed above in blue.

New Cultural and Linguistic Proficiency Policy Conforming with AB 1195 Guidelines

The following policy applies to non-exempt CME activities, is aligned with the 2009 updated CME criteria and addresses the essential elements for compliance with Assembly Bill 1195. These guidelines and compliance levels are effective January 1, 2010.

Element 3.2.1
 The provider must be in compliance with all California State laws regarding continuing medical education, including Assembly Bill 1195, effective July 1, 2006.

Noncompliance	Provider lacks evidence of compliance with the standard.
Compliance	<p>Provider meets or exceeds minimum requirements of AB 1195 by the following:</p> <ul style="list-style-type: none"> a) Acknowledge within their CME mission statement the importance of culture and communication for delivering effective health care and establish a commitment to educate physicians to deliver culturally and linguistically appropriate care. b) Assess for each planned CME activity¹ any evidence of health disparities² that have been linked to cultural or linguistically related practice gaps (i.e. physician knowledge, competence, or performance) found within the relevant physician learners/patient community. If no cultural or linguistic health or health care disparities or practice gaps are identified, this should be documented³ c) Generate at least one educational component for each activity that addresses a specific need underlying the identified cultural/linguistic competency-based quality gap. d) Incorporate appropriate assessment tools⁴ for each cultural/linguistic component, and evaluate any changes/improvements⁵ that occur as a result.
Required for Accreditation with Commendation	In those cases where the provider demonstrates that comprehensive progress ⁶ is being made to strengthen the cultural and linguistic efficacy of physicians, a status of commendation may be awarded.

¹ Evidence can be found through literature searches, national and regional databases, surveys, needs assessments, community reports.

² Health disparities may arise from a variety of sources such as difference in disease incidence, risk, burden, access to care, diagnosis, testing, treatment, or adherence.

³ Provide a list of the types and places searched.

⁴ Resources on cultural and linguistic proficiency is available at www.imq.org

⁵ Changes include learner Competence, performance, or patient outcomes.

⁶ A pattern of organization-wide program changes are measured and show positive impacts.

THE ACCME STANDARDS FOR COMMERCIAL SUPPORTSM

Standards to Ensure Independence in CME Activities

OVERVIEW

The purpose of continuing medical education (CME) is to enhance the physician's ability to care for patients. It is the responsibility of the accredited provider of a CME activity to assure that the activity is designed primarily for that purpose.

Accredited providers often receive financial and other support from non-accredited commercial organizations. Such support can contribute significantly to the quality of CME activities. The purpose of these Standards for Commercial SupportSM is to describe appropriate behavior of accredited providers in planning, designing, implementing and evaluating CME activities for which commercial support is received.

In September 2004, the ACCME officially adopted the following updated standards for commercial support, which became effective immediately and adopted by IMQ/CMA.

Please note: the Standards for Commercial SupportSM, as well as the related policies and guidelines for commercial support, apply to all providers, regardless of whether they accept commercial support.

THE ACCME STANDARDS FOR COMMERCIAL SUPPORTSM

Standards to Ensure Independence in CME Activities

STANDARD 1: INDEPENDENCE

1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (See www.accme.org 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.

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

STANDARD 2: Resolution of Personal Conflicts of Interest

2.1 The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines "relevant" financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

2.2 An individual who refuses to disclose relevant financial relationships will be

disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

2.3 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.⌘

STANDARD 3: Appropriate Use of Commercial Support

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

3.2 A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

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

Written agreement documenting terms of support

3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must

include the provider, even if the support is given directly to the provider's educational partner or a joint sponsor.

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

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

Expenditures for an individual providing CME

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

3.8 The provider, the joint sponsor, or designated educational partner must pay directly any teacher or author honoraria or

reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

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

3.10 If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

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

3.12 The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint sponsor or educational partner.

Accountability

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

Expenditures for learners

STANDARD 4: Appropriate Management of Associated Commercial Promotion

4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.

- For **print**, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face **and** are not paid for by the commercial supporters of the CME activity.
- For **computer based**, advertisements and promotional materials will not be visible on the screen at the same time as the

CME content and not interleaved between computer 'windows' or screens of the CME content.

- For **audio and video recording**, advertisements and promotional materials will not be included within the CME. There will be no 'commercial breaks.'
- For **live, face-to-face CME**, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.

4.3 Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message

4.4 Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-

promotion material or product-specific advertisement.

4.5 A provider cannot use a commercial interest as the agent providing a CME activity to

learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.

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STANDARD 5: Content and Format without Commercial Bias

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

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.⌘

5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will

STANDARD 6: Disclosures Relevant to Potential Commercial Bias

Relevant financial relationships of those with control over CME content

Commercial support for the CME activity

6.1 An individual must disclose to learners any relevant financial relationship(s), to include the following information:

- The name of the individual;
- The name of the commercial interest(s);
- The nature of the relationship the person has with each commercial interest.

6.3 The source of all support from commercial interests must be disclosed to learners. When commercial support is ‘in-kind’ the nature of the support must be disclosed to learners.

6.4 ‘Disclosure’ must never include the use of a trade name or a product-group message.

Timing of disclosure

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

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

POLICIES AND GUIDELINES FOR COMMERCIAL SUPPORT

These policies and definitions supplement the 2004 updated ACCME Standards for Commercial SupportSM: Standards to Ensure the Independence of CME Activities. These are also called "SCS."

Please note: the Standards for Commercial SupportSM, as well as the related policies and guidelines for commercial support, apply to all providers, regardless of whether they accept commercial support.

Relevant to SCS1 (Ensuring Independence in Planning CME Activities):

NEW (08/2007) 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 ACCME accreditation. 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 Non-profit organizations (Note, ACCME screens 501c organizations for eligibility. Those that advocate for 'commercial interests' as a 501c organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint sponsor, 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

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

ACCME's Definition of a Commercial Interest as It Relates to Joint Sponsorship

In August 2007, the ACCME modified its definition of a "commercial interest." As has been the case since 2004, commercial interests cannot be accredited providers and cannot be "joint sponsors."

In joint sponsorship, either the accredited provider or its non-accredited joint sponsor can have control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity.

To maintain CME as independent from commercial interests, control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity cannot be in the hands of a commercial interest.

The ACCME's deadline of August 2009 is the date by which ACCME will hold accredited providers accountable to the August 2007 revised definition of commercial interests. The ACCME has given accredited providers that might be affected by the revised definition of commercial interest these two years (August 2009) to modify their corporate structures so that the CME component of their organization will be an independent entity.

This timeline would also apply for organizations involved in joint sponsorship. After August 2009, accredited providers will not be able to work in joint sponsorship with non-accredited providers that produce, market, re-sell, or distribute health care goods or services consumed by, or used on, patients.

If an accredited provider has questions related to its own corporate structure or that of a joint sponsor in the context of the definition of commercial interest, please contact IMQ and they will contact the ACCME on your behalf. Non-accredited providers wanting clarification of their status or eligibility as joint sponsors can also contact IMQ for information in this regard.

Relevant to SCS2 (Identifying and Resolving Conflicts of Interest):

Financial Relationships: Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner. **(added March 2005)**

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. **(added November 2004)**

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. **(added March 2005)**

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. **(added November 2004)**

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. **(added November 2004)**

Relevant to SCS3 (Appropriate Use of Commercial Support)

Commercial Support is financial, or in-kind, contributions given by a commercial interest (see Policies relevant to SCS1), which is used to pay all or part of the costs of a CME activity.

NEW (08/2007) 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. (Effective immediately.)

NEW (08/2007) A provider will be found in Noncompliance with SCS 1.1 and SCS 3.2 if the provider enters into a commercial support agreement where the commercial supporter specifies the manner in which the provider will fulfill the requirements of the ACCME's Elements, Policies and Standards. (Effective January 1, 2008.)

Element 3.12 of the ACCME's Updated Standards for Commercial Support applies only to physicians whose official residence is in the United States. **(added November 2004)**

Relevant to SCS4 (Appropriate Management of Commercial Promotion)

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.

Relevant to SCS6 (Disclosure to Learners)

Disclosure of information about provider and faculty 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 ACCME 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).
 - c) The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.

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 the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

IMQ/CMA SUPPLEMENTAL CME POLICIES

REGULARLY SCHEDULED SERIES – MONITORING SYSTEM

Definition

A Regularly Scheduled Series (RSS) is defined as an activity that is planned to have 1) a series with multiple sessions that 2) occur on an ongoing basis (offered weekly, monthly, or quarterly) and 3) are planned by and presented to the accredited organization's professional staff. Examples of activities that are planned and presented as a regularly scheduled conference/series are Grand Rounds, Tumor Boards, and M&M Conferences. Hospitals, health systems, and medical schools are the types of CME providers that typically offer RSSs because each of these organization types has in-house professional staff. RSSs are only offered as *directly-sponsored* activities to the accredited organization's professional staff.

Examples of regularly scheduled series are Grand Rounds, Tumor Boards, and M&M Conferences. Joint-sponsorship involves the planning and presentation of CME activities in partnership with non-accredited providers.

Monitoring System

When presenting daily, weekly or monthly CME activities that are primarily planned by and presented to the provider's professional staff, the provider must describe and verify that it has a system in place to monitor the activities' compliance with the IMQ/CMA CME Accreditation Standards, including the ACCME Standards for Commercial SupportSM.

The provider must verify its system to monitor for compliance to assure that the activity:

- Is based on real performance data and information derived from the regularly scheduled conferences that describe compliance (in support of Elements 2.1-2.5 and 3.1-3.3), and Results in improvements when called for by this compliance data (in support of Elements 2.4-2.5 and 3.1), and
- Ensures that appropriate Letters of Agreement are in place whenever funds are contributed in support of CME (in support of Element 3.3)

[This clarification was added on May 1, 2009 and is effective immediately]

In addition, the provider must provide evidence (e.g., reports) of their monitoring system(s) that meet the following expectations:

- The IMQ/CMA expects that all series, and all sessions within a series, will meet Updated Accreditation Criteria and be in compliance with IMQ/CMA Policies. Providers' monitoring systems must incorporate, measure and document compliance with Criteria 2 - 11 and applicable IMQ/CMA Policies.
- The provider must collect data and information from all series as a part of its monitoring system. However, data on each Criterion and Policy need not be collected from every series. For example, a CME provider may monitor Series A for meeting Criteria 2 and Series B for meeting Criteria 3.
- Monitoring data may be derived from either (1) a sample of a provider's sessions or (2) from all sessions. However, if sampling is used, it must be applied consistently for 10% to 25% of the sessions within each series across the whole accreditation term.
- A provider must analyze the data and information and determine if the RSS has met Updated Accreditation Criteria 2 - 11 and the applicable IMQ/CMA Policies. A provider must also analyze the data and information for Criteria 16 - 22 (in consideration of Accreditation with

Commendation) if it chooses to monitor these criteria. A provider would indicate that an RSS has met a Criterion or is in compliance with an IMQ/CMA Policy if its monitoring system indicates performance, as outlined in the Criterion or Policy, is achieved in 100% of the sample.

Information Management System

The provider must make available and accessible to the learners an information management system (examples include paper, web or database systems) through which data and information on a learner's participation can be recorded and retrieved. The critical data and information elements include:

- Learner identifier
- Name/topic of activity
- Date of activity
- Hours of credit designated or actually claimed

Note: IMQ/CMA limits the provider's responsibility in this regard to "access, availability and retrieval." Learners are free to choose not to use this available and accessible system.

AUTHORIZED WORDING FOR CME ACTIVITIES

Providers are **required** to include both an accreditation statement and a credit designation statement on all publicity. The accreditation statement attests that the organization is accredited and indicates who accredits it. The credit designation statement specifies the number of credits granted by the accredited organization's CME committee for the educational activity. These statements should be included on all promotional material except brief "save-the-date" type of announcements. The phrase, *AMA PRA Category 1 Credit(s)[™]*, must be italicized and include the trademark symbol.

o Accreditation Statement:

The [**name of accredited provider**] is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. The [**name of accredited provider**] takes responsibility for the content, quality and scientific integrity of this CME activity.

o Credit Designation Statement:

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. This credit may also be applied to the CMA Certification in Continuing Medical Education.

One of seven AMA approved learning formats must be included in the AMA credit designation statement. These approved learning formats include:

- Live activity
- Enduring material
- Journal-based CME activity
- Test item writing activity
- Manuscript review activity
- PI CME activity
- Internet point-of-care activity

It is not acceptable to use any other language to refer to the learning formats in the credit designation statement since only these seven formats have been approved for credit by the AMA.

Please note: under no circumstances can an activity be advertised for CME credit (pending, applied for, expected, authorized, desired, etc.) until the CME Committee has approved it.

Please note: any publicity that mentions CME credit must contain the accreditation statement identifying the accredited provider as well as the credit designation statement listing the amount of *AMA PRA Category 1 Credit(s)*[™] offered for the activity. There are no exceptions to this rule.

RECOMMENDED CERTIFICATE LANGUAGE

Only **physicians** (MD's and DO's) may receive certificates of credit. All others receive certificates of attendance or participation. Please note that the provider is not required to issue certificates, only to keep track of attendance and credits claimed.

- o Credit Certificate Language (for Physicians):
Must contain the phrase *AMA PRA Category 1 Credit(s)*[™], italicized and including the trademark symbol.
- o Attendance Certificate Language (for Non-physicians):
Must contain *AMA PRA Category 1 Credit(s)*[™], including the trademark symbol. The provider may state that the participant has participated in the educational activity and reference *AMA PRA Category 1 Credit(s)*[™], but the participant does not receive credit.

ENDURING MATERIALS

An enduring material is a non-live CME activity that "endures" over time. It is most typically a videotape, monograph, or CD Rom. Enduring materials can also be delivered via the Internet. The learning experience by the physician can take place at any time in any place, rather than only at one time, and one place, like a live CME activity.

Enduring materials must comply with all IMQ/CMA Essential Areas and Elements (including the ACCME Standards for Commercial Support SM) and Accreditation Policies. However, there are special communication requirements for enduring materials because of the nature of the activities. Because there is no direct interaction between the provider and/or faculty and the learner, the provider must communicate the following information to participants so that they are aware of this information prior to starting the educational activity:

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

NEW (08/2007) For CME activities including those in which the learner participates electronically (e.g., via Internet, CD-ROM, satellite broadcasts), all required IMQ/CMA information must be transmitted to the learner prior to the learner beginning the CME activity (also see ACCME's policies regarding disclosure in the Standards for Commercial Support). **All new CME activities released on or after January 1, 2008 must conform to this policy. Existing CME activities that are reviewed and re-released after January 1, 2008 must conform to this policy.**

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 certified for credit 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.

Accredited providers may not enlist the assistance of commercial interests to provide or distribute enduring materials to learners.

IMQ/CMA policy does not require 'post-tests' for enduring materials. IMQ/CMA records retention policies do, however, require participants to verify learner participation and evaluate all CME activities. So, accredited providers often choose to include a post-test in their enduring material activities as a way to comply with those two requirements.

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

INTERNET/WEB BASED CME

CME activities delivered via the Internet or Intranet are expected to be in compliance with the IMQ/CMA CME Accreditation Standards. In addition, the accredited provider must adhere to the following provisions.

Live or enduring material activities that are provided via the Internet are considered to be "Internet CME." Internet CME must comply with all IMQ/CMA Essential Areas and Elements (including the ACCME Standards for Commercial SupportSM) and Accreditation Policies. However, there are special requirements for Internet CME because of the nature of the activities:

Activity Location: IMQ/CMA accredited providers may not place their CME activities on a website owned or controlled by a 'commercial interest.'

Links to Product Websites: With clear notification that the learner is leaving the educational website, links from the website of an IMQ/CMA 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.

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

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

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

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

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

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

JOURNAL BASED CME

Journal-based CME is a form of enduring material; therefore, all accreditation requirements for enduring materials must be met.

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

The educational content of journal CME must be within the IMQ/CMA’s Definition of CME.

Journal CME activities must comply with all IMQ/CMA Essential Areas and Elements (including the ACCME Standards for Commercial Support SM) and Accreditation Policies. Because of the nature of the activity, there are two additional requirements that journal CME must meet:

1. The IMQ/CMA does not consider a journal-based CME activity to have been completed until the learner documents participation in that activity to the provider.

2. **NEW (08/2007) None of the elements of journal-based CME can contain any advertising or product group messages of ‘commercial interests.’ Disclosure information cannot contain trade names.** The

learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

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.

Providers are not eligible for IMQ/CMA 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 be ineffective in the treatment of patients.

RECORD RETENTION

Specific CME activity records for physician participation and activity documentation must be maintained by all accredited providers.

Physician Participation

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. This includes documenting how many credits (hours) each individual physician plans to claim. The accredited provider is free to choose whatever method works best for their organization and learners. IMQ/CMA does not require sign-in sheets.

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. Maintenance of this documentation enables the provider, at the time of reaccreditation, to show IMQ/CMA how the activities it provided during its current term of accreditation were compliant with all IMQ/CMA Essential Areas and Elements (including the ACCME Standards for Commercial SupportSM) and Accreditation Policies.

JOINT SPONSORSHIP

Joint sponsorship involves the planning and presentation of CME activities in partnership with non-accredited providers. Beginning to participate in joint sponsorship represents a major change in the overall program of an accredited provider that must be reported to IMQ/CMA.

Please note: organizations whose accreditations are on probationary status are not allowed to participate in joint sponsorships.

While the accredited provider is not obligated to enter into such relationships, the following requirements will apply if it chooses to do so.

The jointly sponsored activity must be planned and presented in accordance with the mission of the accredited provider. The accredited provider must develop and utilize specific written policies and operating procedures to effectively govern the planning and implementation of its jointly sponsored activities.

The accredited provider must be able to document that the activity was planned and presented in compliance with the IMQ/CMA CME Standards. In order to acceptably do so, the accredited sponsor must enter the joint sponsorship arrangement prior to the printing and dissemination of promotional materials containing registration information for the activity.

All promotional materials for jointly sponsored activities must carry the following statements:

o Accreditation Statement:

This activity has been planned and implemented in accordance with the Institute for Medical Quality and the California Medical Association's CME Accreditation Standards (IMQ/CMA) through the Joint Sponsorship of [name of accredited provider] and [name of non-accredited provider]. The [name of accredited provider] is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. The [name of accredited provider] takes responsibility for the content, quality and scientific integrity of this CME activity.

o Credit Designation Statement:

The [name of accredited provider] designates this educational activity for a maximum of [number of credits] *AMA PRA Category 1 Credit(s)[™]*. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the *CMA Certification in Continuing Medical Education*.

Note: In August 2007, the ACCME modified its definition of a "commercial interest." Please see *Policies and Guidelines for Commercial Support* section of this manual. As has been the case since 2004, commercial interests cannot be accredited providers and cannot be "joint sponsors."

CO-SPONSORSHIP

If two or more accredited providers jointly plan and present CME activities, one accredited provider must assume responsibility for documentation and assurance that the Essential Areas and Policies of IMQ/CMA are met.

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

NATIONAL VERSUS STATE CME PROGRAMS

IMQ/CMA, in an attempt to foster continuing medical education of high quality at a reasonable cost, available to all physicians in California, specifies the following criteria of eligibility for accreditation.

- Organizations which offer a program of continuing medical professional medical education on a regular and recurring basis to physicians, and who serve registrants of whom more than 70% are from within California and its bordering states.
- Organizations that offer regular and recurring activities to registrants of whom more than 30% are from beyond California and its bordering states, should apply for national accreditation.

ACCREDITATION AND CREDIT

All CME educational activities developed and presented by a provider accredited by IMQ/CMA and associated with *AMA PRA Category 1 Credit™* must be developed and presented in compliance with all ACCME accreditation requirements - in addition to all the requirements of the AMA PRA program (see page 5 for link to the AMA PRA booklet). All activities so designated for, or awarded, credit will be subject to review by the IMQ/CMA accreditation process as verification of fulfillment of the IMQ/CMA accreditation requirements.

IMQ/CMA accreditation and *AMA PRA Category 1 Credit™* have long been linked as markers of quality continuing medical education. The AMA credit system requires that providers be accredited by the IMQ/CMA, in order to designate activities for credit. The IMQ/CMA accreditation process reviews activities, designated for credit, in order to determine a provider's level of compliance and therefore award initial or reaccreditation.

Over the years, what is recognized as a CME activity has broadened in format and method of learner participation, first due to the incorporation into CME of regularly scheduled conferences, enduring materials and the Internet, and more recently due to the actions of the AMA credit system with its new definitions of activities (e.g., test-item writing, manuscript review, and committee learning).

At the same time, the AMA was directly granting *AMA PRA Category 1 Credit™* for certain professional activities (as described in the 2005 AMA PRA Booklet, "Physicians may claim *AMA PRA Category 1 Credit™* directly from the AMA for learning that occurs as a result of teaching in live CME activities, poster presentations, published articles, medically related advanced degree or American Board of Medical Specialties (ABMS) member board certification, recertification and Maintenance of Certification (MOC)").

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

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

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

The ACCME has taken formal action to affirm the linkage between accreditation and credit, which IMQ/CMA has adopted.

TEACHING CREDIT / CREDIT FOR TEACHING ACTIVITIES

NEW (08/2007) IMQ/CMA expects that providers who award faculty teaching credit are *building a separate educational activity* that must meet all accreditation requirements, including the ACCME Standards for Commercial SupportSM. That means there must be documentation of the assessment of needs, evaluation, etc., that relates to the *individual* receiving the teaching credit.

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

Please note that if the provider decides not to award teaching credit to faculty, this does not mean that the provider can award them participation credit instead. In this case, if a faculty is requesting teaching credit for a live activity, they can do so by applying directly to the IMQ/ CMA CME Certification service or the AMA's Physician Recognition Award.

COMPLIANCE WITH ASSEMBLY BILL 1195 – CONTINUING EDUCATION: CULTURAL AND LINGUISTIC COMPETENCY

Background

On October 4, 2005, Governor Arnold Schwarzenegger signed Assembly Bill 1195 (AB 1195) into law. AB 1195, "Continuing Education: Cultural and Linguistic Competency," goes into effect July 2006. The law mandates that the CME accrediting agencies (the ACCME and IMQ/CMA) must develop standards for compliance.

On and after July 1, 2006, all continuing medical education courses must contain curriculum that includes cultural and linguistic competency in the practice of medicine. California-based providers planning courses must comply with this law.

Exempt Courses

This law does not apply to all CME courses. A continuing medical education course dedicated solely to research or other issues that does not include a direct patient care component is not required to contain curriculum that includes cultural and linguistic competency in the practice of medicine. All other courses are considered nonexempt.

Nonexempt Courses

Since CME activities often include a direct patient care component, IMQ/CMA expects that many of the CME courses offered by IMQ/CMA-accredited providers will not be exempt from AB 1195.

- Nonexempt courses will be expected to have an educational component that addresses cultural and linguistic competency.
- The term "course" refers to any continuing medical educational activity designated for *AMA PRA Category 1 Credit(s)*[™] by an accredited provider.
- All activities planned after July 1, 2006, must comply.
 - Live activities (e.g., live courses/meetings/conferences, regularly scheduled conferences, live Internet/Intranet activities, test item writing, performance improvement activities, Internet searching and learning activities, journal-based CME, and journal-based manuscript review).
 - Enduring materials that are approved after July 1, 2006 (e.g., Internet activities, journal-based CME, journal-based manuscript review and any other enduring material). Any enduring material approved prior to July 1, 2006, must comply when activity is renewed for credit.
- Note: regularly scheduled series/conferences (RSS) are activities presented by hospitals and other types of providers that have a professional staff. Examples of RSS include tumor boards, M&Ms, grand rounds, etc., that often are presented weekly, biweekly or monthly. RSS often are approved as a series and each series is considered one educational activity. In this case, rather than requiring a cultural and linguistic competency component at each session, IMQ/CMA expects cultural and linguistic competency will be included in the overall activity planning. This can be done by incorporating cultural and linguistic competency into appropriate sessions or by sessions dedicated to cultural and linguistic competency.

New CLC Guidelines – Effective January 2009

In May 2009, IMQ/CMA revised the existing element and compliance levels for AB 1195 to be more consistent with the Updated Accreditation Criteria. These new guidelines, *New Cultural and Linguistic Proficiency Policy Conforming with AB 1195 Guidelines*, are detailed on page 11.

OTHER CME ACCREDITATION REQUIREMENTS

ANNUAL REPORTS AND FEES

Every accredited provider must complete an annual report summarizing its CME program and remit annual fees each year to keep their accreditation in good standing. Annual report data will be collected and forwarded to the ACCME. The data will be aggregated and analyzed by the ACCME for publication later in the year. In addition to this annual report data, every accredited provider is required to remit the IMQ Annual Report fee as well as the ACCME Annual fee.

Failure to submit either the annual report or annual fees by the due date will result in late fees and may result in suspension of the organization's CME accreditation.

VOLUNTARY WITHDRAWAL FROM THE CME ACCREDITATION PROGRAM

Organizations that decide to cease offering CME as a CMA-accredited provider must notify the CME Accreditation Program in writing of their decision. Organizations seeking to restore their ability to offer CME credit as IMQ/CMA-accredited CME providers will be considered initial applicants and must follow the procedures for applying for initial accreditation as outlined in the Initial Application Requirements section.

INFORMING IMQ/CMA OF A PROVIDER'S PERSONNEL OR ORGANIZATIONAL CHANGES

Contact Information:

In order to keep providers aware of important policy updates as well as information specific to their individual accreditation, IMQ/CMA requires providers to promptly inform IMQ/CMA of any personnel or organizational changes that could impact our ability to contact them. These types of changes include changes of e-mail, address or phone number, and changes to either the CME coordinator or the CME Chair.

Changes may be reported by contacting the CME Accreditation Program Office at (415) 882-3370 or (415) 882-5182.

The IMQ/CMA considers the names and contact information of accredited providers to be public information and provides lists of these names to the public and the ACCME, as required.

Corporate Change:

If an IMQ/CMA accredited provider undergoes a corporate change, resulting, for instance, from a merger or acquisition, the IMQ/CMA expects to be made aware of the change as soon as possible so that IMQ/CMA can work through the transition with the organization.

Keep in mind that IMQ/CMA accreditation was awarded to the organization that sought the accreditation and was able to demonstrate compliance with Accreditation Requirements. For this reason, an organization cannot become an accredited provider by purchasing or merging with an organization that is already accredited.

Similarly, when an accredited provider undergoes **significant** organizational change, for example, becoming partially owned by a commercial interest or losing its 501(c) IRS tax status, the IMQ/CMA considers the provider to be significantly different than the organization which was accredited. Therefore, in these cases, the IMQ/CMA will expect the provider to cease providing CME as an

IMQ/CMA accredited provider. IMQ/CMA will set a date of non-accreditation for these providers. IMQ/CMA will also withdraw a provider's accreditation if the provider is dissolved, or ceases to exist as a result of a merger, acquisition or dissolution.

When two or more IMQ/CMA accredited **providers merge**, the IMQ/CMA will consider that all but one of the accredited providers will cease to exist as an entity. The name of the remaining provider may be changed to reflect or include the name(s) of the former provider(s). The remaining provider must assume responsibility for unfinished CME activities and/or unexpired enduring materials of the provider(s) with which it merged, and must maintain activity registration records for six years for the provider(s) with which it merged. New providers created through corporate change must contact the CME Accreditation Program Office at (415) 882-3370 or (415) 882-5182 as a first step towards initial IMQ/CMA accreditation.

The IMQ/CMA considers the names of providers that are no longer accredited due to corporate change to be public information, and provides lists of these names to the public, accordingly.

INTERIM REPORTS

Accredited providers may be required by the IMQ/CMA CME Committee to submit an interim report by a specified date during their accreditation period. **Appropriate documentation on how the provider addressed the accreditation recommendations must accompany the report.**

Interim reports may be called for if significant changes are occurring or have taken place in the organization; when successive CME surveyors have noted an area of concern; or when a specific recommendation(s) for improvement has not been addressed. The provider may be notified at the time of accreditation of any interim report requirement, including the need to address specific issue(s), as appropriate.

Note: If sufficient improvement has not been made, the IMQ/CMA CME Committee also may recommend an onsite survey. If the IMQ/CMA CME Committee recommends an onsite survey, the organization will be notified and the onsite survey scheduled.

IMQ/CMA CME PROGRAM POLICIES AND PROCEDURES

Since the last publication, some internal IMQ/CMA CME Program Policies & Procedures have been removed from this manual. Information on applying for either initial accreditation or reaccreditation, however, is available on our website, www.imq.org. We encourage you to contact IMQ staff if your organization is interested in becoming accredited or have any questions about the accreditation process. In addition, the following policy is available upon request from IMQ staff:

- Policy for Complaints and Inquiries about Accredited Providers

RECONSIDERATION AND APPEAL OF ADVERSE ACCREDITATION DECISIONS

An **adverse accreditation decision** is a decision by the Institute for Medical Quality and the California Medical Association's Committee on Continuing Medical Education to deny or withdraw a hospital or other health-related organization's CME accreditation or to place the organization on probation.

When this **adverse accreditation decision** occurs, the institution will be notified of the basis for the decision and of its right to request reconsideration in accordance with the following procedures:

Step 1: Reconsideration Process

Requests for reconsideration should be filed only under one or more of the conditions listed below. **The request must specify the condition(s)** under which the request is being filed and provide written documentation to substantiate the request.

Conditions under which a request for reconsideration may be filed:

- The Committee's decision was based on the evaluation of arbitrary factors not addressed in written documentation of the IMQ/CMA CME Accreditation Standards, as published and available to all accredited CME providers.
- The organization was not given sufficient opportunity to provide documentation of its compliance with the IMQ/CMA CME Accreditation Standards.
- The adverse decision was not supported by sufficient evidence that the organization was significantly out of compliance with written requirements of the IMQ/CMA CME Accreditation Standards.

The request must be based upon written documentation and conditions that existed at the time of the application review and site survey. Proposed changes to the program and changes or additional documentation created after the organization's survey may not be submitted or used in reconsideration of the Committee's decision.

To begin the reconsideration process, the applicant must submit a written request for reconsideration within 60 calendar days of the date of the Committee's decision letter. Requests must be addressed to the CME Program Administrator at the following address:

CME Accreditation Program
The Institute for Medical Quality
221 Main Street, Suite 210
San Francisco, CA 94105

If a request for reconsideration is properly filed, the organization's status will remain as it was prior to the adverse decision until the Committee has completed action upon the request.

Upon receipt of the request, a member of the IMQ/CMA CME Committee who was not the original surveyor will be asked to review the request. This reviewer will be provided with all material used in the accreditation decision as well as documentation submitted with the request for reconsideration. The reviewer may request additional information from the original surveyor. The IMQ/CMA CME Committee may request an additional on-site survey to discuss the Committee's action and the request for reconsideration.

The reviewer will submit a report of his/her findings to the IMQ/CMA CME Committee for action at its next regularly scheduled meeting. If the CCME decides to accredit the organization or change its probationary status, this action will be retroactive to the date of the meeting at which the CCME originally took action. If the CCME decides to non-accredit the organization, this action will be effective immediately.

Within 10 working days of the Committee's action, the organization will be notified in writing of the Committee's decision.

Step 2: Appeals Process

A request for an appeal will be accepted only in cases where the adverse decision is first upheld under the reconsideration process. If the IMQ/CMA CME Committee sustains its adverse decision, the organization may request a written hearing before an appeals board.

Requests for appeal should be filed only under one or more of the conditions listed below. **The request must specify the condition(s)** under which the appeal is being filed and provide written documentation to substantiate the appeal. Conditions under which a request for appeal may be filed:

- The Committee's decision was based on the evaluation of arbitrary factors not addressed in written documentation of the IMQ/CMA CME Accreditation Standards, as published and available to all accredited CME providers.
- The organization was not given sufficient opportunity to provide documentation of its compliance with the IMQ/CMA CME Accreditation Standards.
- The adverse decision was not supported by sufficient evidence that the organization was significantly out of compliance with written requirements of the IMQ/CMA CME Accreditation Standards.

The request for appeal must be based upon written documentation and conditions that existed at the time of the application review and site survey. Proposed changes to the program and changes or additional documentation created after the organization's survey may not be submitted or used in appeal of the Committee's decision.

To file an appeal, the organization must submit a written request for appeal within 20 calendar days of the date of the letter notifying the organization of the Committee's decision. Appeals should be addressed to the chairperson of IMQ Board of Directors. The appellant should also send documentation to support the appeal to the following address:

Chairperson, IMQ Board of Directors
The Institute for Medical Quality
221 Main Street, Suite 210
San Francisco, CA 94105

If a request for an appeal is properly filed, the organization's status will remain as it was prior to the adverse decision until the IMQ Board of Directors has taken final action on the appeal.

The chairperson of the IMQ Board of Directors or designee will forward a copy of the appeal to the IMQ/CMA CME Committee. The IMQ/CMA CME Committee shall provide a written response to the IMQ Board of Directors within 15 working days. A copy of this response will also be sent to the appellant.

The IMQ Board of Directors will review the appeal and make a final decision based upon the original application for accreditation/reaccreditation. No material developed after the survey is to be introduced. In addition, the identity of the organization making the appeal to the IMQ Board of Directors will be anonymous.

The decision of the IMQ Board of Directors will be final. If the IMQ Board of Directors decides to accredit the organization or change its probationary status, this action will be retroactive to the date of the meeting at which the IMQ/CMA CME Committee originally took action. If the IMQ Board of Directors decides to non-accredit the organization, this action will be effective immediately.

The Physician's Recognition Award and credit system

Information for accredited providers and physicians

2010 revision





Modifications in the 2010 revision

Effective July 1, 2011

Enduring materials—must include an assessment of the learner's performance; credit may be awarded only to those that meet a minimum performance level. (pg. 5)

Journal-based CME activities—must include an assessment of the learner's performance; credit may be awarded only to those that meet a minimum performance level. (pg. 5)

Manuscript review activities—credit may be awarded only to physicians that submit reviews deemed to be acceptable by the editor. (pg. 6)

Performance Improvement CME—a physician must begin a PI CME activity with Stage A. (pg. 6)

AMA Credit Designation Statement—has been modified to indicate the learning format for the activity. (pg. 7)

Effective September 1, 2010

ABMS member board certification and Maintenance of Certification—the number of credits that physicians may be awarded directly by the AMA for the completion of ABMS certifications has been increased. (pg. 9)



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The American Medical Association Physician's Recognition Award and continuing medical education credit system

This document 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. It also describes *AMA PRA Category 2 Credit™*, requirements for physicians wishing to obtain the American Medical Association's (AMA) Physician's Recognition Award (PRA) and other important related information. The AMA PRA has recognized physician participation in CME for more than 40 years. AMA PRA credit is recognized and accepted by hospital credentialing bodies, state medical licensure boards and medical specialty certifying boards, as well as other organizations.

Brief history

The AMA was founded by Nathan Davis, MD, in 1847 in Philadelphia. The first two committees constituted by the new organization were the Committee on Medical Education and the Committee on Ethics, emphasizing the importance the association and the medical profession placed on these two areas. The AMA reorganized in 1901 at which time the Committee on Medical Education became the Council on Medical Education as it continues to be known today. This elected body of physicians formulates policy on medical education by making recommendations to the AMA House of Delegates (HOD) through the AMA Board of Trustees.

Due to the state of undergraduate and graduate education at the time, the organization's early efforts focused primarily on these areas. A major accomplishment of the Council on Medical Education in its early history was laying much of the ground work for, and participating in, the Carnegie Foundation for the Advancement of Teaching's national study of existing medical schools. The study began in 1909 and resulted in what is known today as the Flexner Report, named for its author, Abraham Flexner of the Carnegie Foundation. N. P. Colwell, MD, Secretary to the Council on Medical Education, and Arthur D. Bevan, MD, Chairman of the Council on Medical Education, were major contributors to the work that went into the report. This report had a major effect on the medical school education of physicians and essentially

established the model for medical education in the United States until the present, more than 100 years later.

In the 1940s and 1950s the Council on Medical Education increased its focus on postgraduate medical education (PGME). The AMA surveyed practicing physicians to determine how many of them participated in PGME after completion of residency and/or pursued self-directed learning. The Council on Medical Education reported to the HOD in 1955 that almost a third of the 5,000 physicians responding to this survey reported no participation in formal PGME for at least the past five years. The Council on Medical Education declared that PGME (later changed to "continuing" medical education by the HOD) "lacked direction and was suffering from a lack of clearly defined objectives." As a result of the report, the HOD took many actions to support CME in the 1960s, one of which was to establish a standing Advisory Committee on Continuing Medical Education which, by 1967, had developed a nationwide accreditation system for CME providers. In 1968, the AMA established the AMA PRA. The related AMA PRA credit system for physicians was developed as the metric to be used in determining qualifications for the AMA PRA.

Over the next two decades the AMA created other entities to make accreditation decisions. In 1981, the AMA and six other national organizations formed the Accreditation Council for Continuing Medical Education (ACCME). The seven member organizations of the ACCME are: the AMA, American Board of Medical Specialties, American Hospital Association, Association for Hospital Medical Education, Association of American Medical Colleges, Council of Medical Specialty Societies and Federation of State Medical Boards.

Within the United States, the AMA only authorizes organizations that are accredited by the ACCME or by a state medical society recognized by the ACCME, referred to as "accredited CME providers," to designate and award *AMA PRA Category 1 Credit™* to physicians. With the exception of those activities directly certified by the AMA, individual educational activities *must* be offered only by accredited CME providers, in accordance with AMA PRA credit system requirements, to be certified for *AMA PRA*

The AMA PRA program continually evolves to meet physicians' learning needs. The Council on Medical Education welcomes input from physicians, accredited CME providers, and consumers of CME credit on recommendations for revisions and/or additions to the AMA PRA credit system. These recommendations should be communicated to the AMA Division of Continuing Physician Professional Development (CPPD). We would like to thank the accredited CME provider and physician communities, without whom the changes and improvements reflected in this booklet would not have been possible, and the patients who lend meaning to this work.

In support of the AMA PRA and the credit system, staff from the AMA Division of CPPD is available to answer questions from physicians, accredited CME providers or the public about compliance with the AMA PRA requirements, standards and policies. Questions may be directed to cme@ama-assn.org. Resources are also available online at www.ama-assn.org/go/prc. Anyone who is involved in planning or implementing CME activities is urged to subscribe, free of charge, to the CPPD Informational Network to receive the newsletter, CPPD Report, and other items of interest.

Category 1 Credit™. The AMA, on behalf of its physician constituency, also maintains international relationships for certain educational activities that meet AMA standards.

Ethical underpinnings of CME

The AMA Principles of Medical Ethics, which are part of the more extensive AMA Code of Medical Ethics (Code), are standards of conduct that define the essentials of honorable physician behavior. These ethical statements were developed primarily for the benefit of the patient and recognize the physician's responsibility to patients first and foremost, as well as to society, to other health professionals and to him/herself.

Recognizing the central role of education for the continuing professional development of physicians, Principle V of the Code provides the grounding tenet for CME and medical education, in general:

V. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

In addition, physicians have certain ethical responsibilities when participating in CME activities, either as a learner, faculty or planner. Accredited CME providers must understand the relevant ethical issues for physicians and ensure that participation in certified CME activities will not encourage or require physicians to violate the AMA ethical guidance. As of the time of this writing, the relevant ethical opinions include 8.061 "Gifts to Physicians from Industry," and 9.011 "Continuing Medical Education" which can be found in full at www.ama-assn.org/go/ceja. Questions regarding the interpretation of these opinions should be addressed to ceja@ama-assn.org.

The AMA expects accredited CME providers to present physicians with commercially unbiased, independent and objective information in all of their activities. Accredited providers must meet the substance of the CEJA opinion requirements and be in compliance with the ACCME Standards for Commercial Support™.

AMA definition of CME

The AMA HOD and the Council on Medical Education have defined continuing medical education as follows:

CME consists of educational activities which 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 the 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. (HOD policy #300.988)

Educational content of certified CME

Certified CME is defined as:

1. Nonpromotional learning activities certified for credit prior to the activity by an organization authorized by the credit system owner, or
2. Nonpromotional learning activities for which the credit system owner directly awards credit

Accredited CME providers may certify nonclinical subjects (e.g. office management, patient-physician communications, faculty development) for *AMA PRA Category 1 Credit™* as long as these are appropriate to a physician audience and benefit the profession, patient care or public health.

CME activities may describe or explain complementary and alternative health care practices. As with any CME activity, these need to include discussion of the existing level of scientific evidence that supports the practices. However, education that advocates specific alternative therapies or teaches how to perform associated procedures, without scientific evidence or general acceptance among the profession that supports their efficacy and safety, cannot be certified for *AMA PRA Category 1 Credit™*.

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

Categories of AMA PRA credit

There are two categories of AMA PRA credit: *AMA PRA Category 1 Credit™* and *AMA PRA Category 2 Credit™*.

Earning *AMA PRA Category 1 Credit™*

There are three ways for physicians to earn *AMA PRA Category 1 Credit™*.

1. By participating in certified activities sponsored by accredited ACCME or SMS CME providers. Information for accredited CME providers to certify activities for *AMA PRA Category 1 Credit™* can be found on pages 4–8 and at www.ama-assn.org/go/cmeprovider.
2. By participating in activities recognized by the AMA as valid educational activities. Information about these activities

can be found on page 9 and at www.ama-assn.org/go/directcredit.

3. By participating in certain international activities recognized by the AMA. Information regarding these activities can be found on page 9 and at www.ama-assn.org/go/internationalcme.

Earning AMA PRA Category 2 Credit™

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™. More information about AMA PRA Category 2 Credit™ can be found on page 10 or at www.ama-assn.org/go/cme.

Eligibility for AMA PRA credit

AMA PRA credit may only be claimed by, and awarded to, physicians, defined by the AMA as individuals who have completed an allopathic (MD), osteopathic (DO) or an equivalent medical degree from another country.

AMA monitoring of accredited CME providers

To assure the integrity of the AMA PRA credit system, the AMA monitors for compliance with AMA PRA credit system requirements in several ways including through the ACCME accreditation self study process, the investigation of complaints received and the review of information found in the public domain. Whenever warranted, the AMA will proceed with follow-up inquiries to ascertain and address compliance with AMA PRA credit system requirements. In most cases, the AMA is able to assist accredited CME providers with finding strategies that will bring their program and activities into compliance with AMA PRA standards.

Withdrawal of privilege to designate credit

The AMA reserves the right to withdraw an accredited CME provider's privilege to certify activities for AMA PRA Category 1 Credit™ should the accredited CME provider fail to bring the program and activities into compliance with AMA PRA policies, regardless of accreditation status. Accredited CME providers have appropriate recourse through a due process system that has been established for the investigation of any issue related to the AMA PRA requirements. Information about this process can be found at www.ama-assn.org/go/cppd.

Requirements for educational activities eligible for *AMA PRA Category 1 Credit™*

Certification of activities for *AMA PRA Category 1 Credit™* by accredited CME providers

Accredited CME providers must ensure that activities that are certified for *AMA PRA Category 1 Credit™* meet all AMA requirements which include the core requirements and format-specific requirements.

Core requirements for certifying activities for *AMA PRA Category 1 Credit™*

Every activity that is certified for *AMA PRA Category 1 Credit™* must:

1. Conform to the AMA's definition of CME.
2. Address demonstrated educational needs.
3. Communicate to prospective participants a clearly identified educational purpose and/or objectives in advance of participation in the activity.
4. Be designed using AMA approved learning formats and learning methodologies appropriate to the activity's educational purpose and/or objectives; credit must be based on AMA guidelines for the type of learning format used.
5. Present content appropriate in depth and scope for the intended physician audience.
6. Be planned in accordance with the relevant CEJA opinions and the ACCME Standards for Commercial SupportSM, and be nonpromotional in nature.
7. Evaluate the effectiveness in achieving its educational purpose and/or objectives.
8. Document credits claimed by physicians for a minimum of six years.
9. Be certified for *AMA PRA Category 1 Credit™* in advance of the activity; i.e. an activity may not be retroactively approved for credit.
10. Include the AMA Credit Designation Statement (see page 7) in any activity materials that reference CME credit with the exception of "save the date" or similar notices (see page 8).

Learning formats and format-specific requirements for certifying activities for *AMA PRA Category 1 Credit™*

The Council on Medical Education currently has approved seven learning formats that accredited CME providers may certify for *AMA PRA Category 1 Credit™*.

1. Live activities

A live activity is a certified CME activity that occurs at a specific time as scheduled by the accredited CME provider. Participation may be in person or remotely as is the case of teleconferences or live Internet webinars. These may be offered through a variety of delivery mechanisms; examples include, but are not limited to, national, regional or local conferences, workshops, seminars, regularly scheduled conferences, journal clubs, simulation workshops, structured learning activities presented during a committee meeting and live Internet webinars.

To be certified for *AMA PRA Category 1 Credit™*, a live activity must:

- Meet all core requirements for certifying an activity.

Designating, claiming and awarding credit for participation in a live activity

- Credit designation for each live activity is determined by measuring formal interaction time between faculty and the physician audience; 60 minutes of physician participation in a certified live activity equals one (1) *AMA PRA Category 1 Credit™*; credit is designated in 15 minute or 0.25 credit increments; accredited CME providers must round to the nearest quarter hour.
- Physicians should claim credit based on their participation time in 15 minute or 0.25 credit increments; physicians must round to the nearest quarter hour.
- The time for simultaneous certified sessions within a live activity can only be counted once toward the designated maximum.
- Only segments of the live activity that comply with the AMA core requirements may be certified for *AMA PRA Category 1 Credit™*. These certified segments must be clearly identified in the activity materials and included in the designated maximum amount of credit.

Faculty credit

Accredited CME providers may also award *AMA PRA Category 1 Credit™* to their physician faculty to recognize the learning associated with the preparation and teaching of an original presentation at the accredited CME provider's live activities that are certified for *AMA PRA Category 1 Credit™*.

Awarding credit to physician faculty for a live activity that is certified for *AMA PRA Category 1 Credit™*

- Physician faculty may be awarded credit based on a 2-to-1 ratio to presentation time. For example, faculty may be awarded 2 *AMA PRA Category 1*

Credits™ for a one-hour presentation or 1.5 *AMA PRA Category 1 Credits™* for a 45-minute presentation for sessions that were designated for *AMA PRA Category 1 Credit™*. Credit should be rounded to the nearest one-quarter credit.

- Credit may only be claimed once for an original presentation; credit may not be claimed for subsequent presentations of the same material.
- Physician faculty may not claim credit as a participant for their own presentations; however, they may claim credit for other segments they attend as a participant at a certified live activity.

2. Enduring materials

An enduring material is a certified CME activity that endures over a specified time. These include print, audio, video and Internet materials, such as monographs, podcasts, CD-ROMs, DVDs, archived webinars, as well as other web-based activities.

To be certified for *AMA PRA Category 1 Credit™*, an enduring material activity must:

- Meet all AMA core requirements for certifying an activity.
- Provide clear instructions to the learner on how to successfully complete the activity.
- Provide an assessment of the learner that measures achievement of the educational purpose and/or objective(s) of the activity with an established minimum performance level; examples include, but are not limited to, patient-management case studies, a post-test, and/or application of new concepts in response to simulated problems.
- Communicate to the participants the minimum performance level that must be demonstrated in the assessment in order to successfully complete the activity for *AMA PRA Category 1 Credit™*.
- Provide access to appropriate bibliographic sources to allow for further study.

Designating and awarding credit for participation in an enduring material

- Credit designation for each enduring material must be determined by a mechanism developed by the accredited CME provider to establish a good faith estimate of the amount of time a physician will take to complete the activity to achieve its purpose and/or learning objectives (e.g. the average time it takes a small sample group of the target audience to complete the material); credit is designated in 15 minute or 0.25 credit increments; accredited CME providers must round to the nearest quarter hour.
- Credit should be awarded only to physicians who meet at least the minimum performance level on the assessment as established by the accredited CME provider.

3. Journal-based CME

A journal-based CME activity is a certified CME activity in which an article, within a peer-reviewed, professional journal, is certified for *AMA PRA Category 1 Credit™* prior to publication of the journal.

To be certified for *AMA PRA Category 1 Credit™*, a journal-based CME activity must:

- Meet all AMA core requirements for certifying an activity.
- Be a peer-reviewed article.
- Provide an assessment of the learner that measures achievement of the educational purpose and/or objective(s) of the activity with an established minimum performance level; this may include, but is not limited to, patient-management case studies, a post-test and/or application of new concepts in response to simulated problems.
- Communicate to the participants the minimum performance level that must be demonstrated in the assessment in order to successfully complete the activity for *AMA PRA Category 1 Credit™*.

Designating and awarding credit for participation in a journal-based CME activity

- Accredited CME providers should designate individual articles for one (1) *AMA PRA Category 1 Credit™*.
- Credit should be awarded only to physicians who meet at least the minimum performance level on the assessment as established by the accredited CME provider.

4. Test item writing

A test item writing activity is a certified CME activity wherein physicians learn through their contribution to the development of high stakes examinations, or certain peer-reviewed self-assessment activities, by researching, drafting and defending potential questions.

To be certified for *AMA PRA Category 1 Credit™*, a test-item writing activity must:

- Meet all AMA core requirements for certifying an activity.
- Be developed only for:
 - The National Board of Medical Examiners examinations.
 - American Board of Medical Specialties (ABMS) member board certification examinations.
 - National medical specialty society peer-reviewed, published, self-assessment activities.
- Document that guidance was given to the physician question writers on how to use evidence for writing quality questions.

- Be at a depth and scope that require a review of the literature and a knowledge of the evidence base for the questions.
- Include a group peer review of the questions in which the physician question writers personally participate.

Designating and awarding credit for participation in a test item writing activity

- Accredited CME providers should designate each test item writing activity for ten (10) *AMA PRA Category 1 Credits™*.

5. Manuscript review (for journals)

Manuscript review is a certified CME activity in which a physician learns through the critical review of an assigned journal manuscript.

To be certified for *AMA PRA Category 1 Credit™*, a manuscript review activity must:

- Meet all AMA core requirements for certifying an activity.
- Involve a review of an article that has been submitted for publication in a journal that is included in the MEDLINE bibliographic database.
- Involve a review of a manuscript that is an original contribution to the medical literature that requires multiple reviewers.
- Provide clear instructions to the physician on how to successfully complete the activity
- Be at a depth and scope that require a review of the literature and a knowledge of the evidence base for the manuscript reviewed.
- Have an oversight mechanism to evaluate the quality of reviews submitted.

Designating and awarding credit for participation in a manuscript review activity

- Accredited CME providers should designate each accepted manuscript review, as documented by the journal editor, for three (3) *AMA PRA Category 1 Credits™*.
- *AMA PRA Category 1 Credit™* should only be awarded for a review that is deemed acceptable by the editor.

6. Performance Improvement Continuing Medical Education (PI CME)

PI CME is a certified CME activity in which an accredited CME provider structures a long-term three-stage process by which a physician or group of physicians learn about specific performance measures¹, assess their practice using the selected performance measures, implement interventions to improve performance related to these measures over a useful interval of time, and then reassess their practice using the same performance measures. A PI CME activity may address any facet (structure, process or outcome) of a physician's practice with direct implications for patient care.

To be certified for *AMA PRA Category 1 Credit™*, a PI CME activity must:

- Meet all AMA core requirements for certifying an activity.
- Have an oversight mechanism that assures content integrity of the selected performance measures. These measures must be evidence based² and well designed (e.g., clearly specify required data elements, ensure that data collection is feasible).
- Provide clear instructions to the physicians that define the educational process of the PI CME activity (documentation, timelines, etc.).
- Provide adequate background information so that physicians can identify and understand the performance measures that will guide their PI CME activity, and the evidence base behind those measures.
- Validate the depth of physician participation by a review of submitted PI CME activity documentation.
- Consist of the following three stages:

Stage A: Learning from current practice performance assessment

Assess current practice using the identified performance measures, either through chart reviews or some other appropriate mechanism. Participating physicians must be actively involved in the analysis of the collected data to determine the causes of variations from any desired performance and identify appropriate intervention(s) to address these.

Stage B: Learning from the application of PI to patient care

Implement the intervention(s) based on the results of the analysis in Stage A, using suitable tracking tools. Participating physicians should receive guidance on appropriate parameters for applying the intervention(s).

¹ A clinical performance measure is a mechanism that enables the user to quantify the quality of a selected aspect of care by comparing it to a criterion. (Institute of Medicine, 2000)

² Evidence based medicine is "the integration of best research evidence with clinical expertise and patient values." Sackett DL, Strauss SE, Richardson WS, et al. "Evidence-based medicine: How to practice and teach EBM." Second edition. London: Churchill Livingstone; 2000.

Stage C: Learning from the evaluation of the PI CME effort

Re-assess and reflect on performance in practice measured after the implementation of the intervention(s) in Stage B, by comparing to the assessment done in Stage A and using the same performance measures. Summarize any practice, process and/or outcome changes that resulted from conducting the PI CME activity.

Designating and awarding credit for participation in a PI CME activity

- Accredited CME providers should designate each PI CME activity for twenty (20) *AMA PRA Category 1 Credits™*.
- Physicians that complete only one or two stages should be awarded five (5) *AMA PRA Category 1 Credits™* for each stage that was completed. Completion of the full PI CME cycle should be encouraged.
- Physicians completing, in sequence, all three stages (A – C) of a structured PI CME activity should be awarded twenty (20) *AMA PRA Category 1 Credits™*. This acknowledges that the best learning is associated with completing the entire three-stage PI CME activity.

7. Internet point-of-care learning (PoC)

An Internet PoC learning activity is a certified CME activity structured by an accredited CME provider in which a physician engages in self-directed, online learning on topics relevant to their clinical practice. Learning for this activity includes a reflective process in which a physician must document their clinical question, the sources consulted and the application to practice.

To be certified for *AMA PRA Category 1 Credit™*, Internet PoC activities must:

- Meet all AMA core requirements for certifying an activity.
- Have an established process for the accredited CME provider to oversee content integrity, with responsibilities that include, but are not limited to, the appropriate selection and use of professional, peer-reviewed literature, and ensuring that search algorithms are unbiased.
- Provide clear instructions to the physician on how to access the portal/database, which databases have been vetted for use, how participation will be tracked and how the accredited CME provider will award credit.
- Verify physician participation by tracking the topics and sources searched. Implement reasonable safeguards to assure appropriate use of this information.
- Provide access to some mechanism by which physicians can give feedback on overall system effectiveness.
- Establish a mechanism by which physicians may claim *AMA PRA Category 1 Credit™* for this learning activity, by completing and documenting the required three-step cycle:

1. Review original clinical question(s).
2. Identify the relevant sources from among those consulted.
3. Describe the application of their findings to practice and whether it resulted in a change in knowledge, competence or performance as measured by physician practice application or patient health status improvement.

Designating and awarding credit for participation in Internet PoC

- Accredited CME providers should designate each structured Internet PoC cycle for one-half (0.5) *AMA PRA Category 1 Credit™*.

Additional information for accredited CME providers

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 (see page 8):

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:

1. Live activity
2. Enduring material
3. Journal-based CME activity
4. Test-item writing activity
5. Manuscript review activity
6. PI CME activity
7. Internet point-of-care activity

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 HOD 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 US 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.

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-sponsorship

If a certified activity is either jointly sponsored (by an accredited CME provider and a non-accredited organization) or co-sponsored (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.

Activities for which *AMA PRA Category 1 Credit™* is awarded directly by the AMA

Some activities do not occur under the auspices of an accredited CME provider. The Council on Medical Education recognizes the learning that occurs in completing these activities and allows physicians to claim *AMA PRA Category 1 Credit™* directly from the AMA for the activities defined in this section.

To claim credit for these activities the physician should apply to the AMA for a certificate indicating the *AMA PRA Category 1 Credit™* awarded for completion of each activity. Information and the direct credit application can be found at www.ama-assn.org/go/directcredit. These activities include:

Teaching at a live activity

Preparing and presenting an original presentation at a live activity that has been certified for *AMA PRA Category 1 Credit™* (if the accredited CME provider has not already awarded credit for this).

Documentation: a copy of the page(s) used by the provider to announce or describe the activity which includes the name of the speaker, accredited CME provider, AMA Credit Designation Statement, date and location of the activity.

Credit assignment: two (2) *AMA PRA Category 1 Credits™* per one (1) hour of presentation time.

Publishing articles

Publishing, as the lead author (first listed), a peer-reviewed article in a journal included in the MEDLINE bibliographic database.

Documentation: a reprint or copy of the page(s) of the journal, which include the name of the author listed first, the name of the journal and date published.

Credit assignment: ten (10) *AMA PRA Category 1 Credits™* per article.

Poster presentations

Preparing a poster presentation, as the first author, which is included in the published abstracts, at an activity certified for *AMA PRA Category 1 Credit™*.

Documentation: a copy of the page(s) in the published activity documents that lists the author and poster abstract, accredited CME provider, AMA Credit Designation Statement, title and date of activity.

Credit assignment: five (5) *AMA PRA Category 1 Credits™* per poster.

Medically related advanced degrees

Obtaining a medically related advanced degree, such as a masters in public health (not available if the academic program certified individual courses for *AMA PRA Category 1 Credit™*).

Documentation: a copy of the diploma or final transcript.

Credit assignment: twenty five (25) *AMA PRA Category 1 Credits™*.

ABMS member board certification and Maintenance of Certification (MoC®)

Successfully completing an ABMS board certification or MoC process.

Documentation: a copy of the board certificate or the specialty board notification letter.

Credit assignment: sixty (60) *AMA PRA Category 1 Credits™*.

Accreditation Council for Graduate Medical Education accredited education

Successfully participating in an Accreditation Council for Graduate Medical Education (ACGME) accredited residency or fellowship program.

Documentation: a copy of the certificate or letter of completion from the approved residency/fellowship program

Credit assignment: twenty (20) *AMA PRA Category 1 Credits™* per year

The successful completion of an ABMS member board certification process or an ACGME accredited residency or fellowship program also qualifies a physician for the AMA PRA. Please see the section regarding the AMA PRA or visit www.ama-assn.org/go/pr for more information.

International activities for *AMA PRA Category 1 Credit™*

Physicians may earn *AMA PRA Category 1 Credit™* for participation in some international activities. As of this writing, the AMA has agreements with the European Union of Medical Specialists and the Royal College of Physicians and Surgeons of Canada. Information about the different ways to earn AMA PRA credit through international activities can be found on the AMA website at www.ama-assn.org/go/internationalcme.

Requirements for *AMA PRA Category 2 Credit*[™]

AMA PRA Category 2 Credit[™] is self-designated and claimed by individual physicians for participation in activities not certified for *AMA PRA Category 1 Credit*[™] that:

- Comply with the AMA definition of CME; and
- Comply with the relevant AMA ethical opinions; at the time of this writing this includes 8.061 “Gifts to Physicians from Industry” and 9.011 “Continuing Medical Education,” and
- Are not promotional; and
- A physician finds to be a worthwhile learning experience related to his/her practice.

Examples of learning activities that might meet the requirements for *AMA PRA Category 2 Credit*[™] include, but are not limited to:

- Participation in activities that have not been certified for *AMA PRA Category 1 Credit*[™]
- Teaching physicians, residents, medical students or other health professionals
- Unstructured online searching and learning (i.e., not Internet PoC)
- Reading authoritative medical literature
- Consultation with peers and medical experts
- Small group discussions
- Self assessment activities
- Medical writing
- Preceptorship participation
- Research
- Peer review and quality assurance participation

Organizations may not certify activities for *AMA PRA Category 2 Credit*[™] or advertise that an activity qualifies for *AMA PRA Category 2 Credit*[™]. Organizations may choose to maintain records of physician participation in activities that have not been certified for *AMA PRA Category 1 Credit*[™] but, since they may not certify or award such credit, should not record them as *AMA PRA Category 2 Credit*[™].

A physician must individually assess the educational value for each learning experience in which he or she participates to determine if it is appropriate to claim *AMA PRA Category 2 Credit*[™].

Claiming *AMA PRA Category 2 Credit*[™]

Documentation: the physician should self claim credit for appropriate *AMA PRA Category 2 Credit*[™] activities and document activity title or description, subject or content area, date(s) of participation and number of credits claimed. Physicians may not claim *AMA PRA Category 2 Credit*[™] for an activity for which the physician has claimed *AMA PRA Category 1 Credit*[™]. Each physician is responsible for claiming and maintaining a record of their *AMA PRA Category 2 Credit*[™].

Credit calculation: as with live activities, physicians should claim credit based on their participation time with 60 minutes of participation equal to one (1) *AMA PRA Category 2 Credit*[™]; credit is claimed in 15 minute or 0.25 credit increments; physicians must round to the nearest quarter hour.

The AMA Physician's Recognition Award

Professional recognition of accomplishments in CME

Since 1968, patients and colleagues have recognized the AMA PRA as evidence of a physician's commitment to keeping current with the advances in biomedical science, as well as other developments in medicine. The goals of this award remain the same as established more than 40 years ago:

- To provide recognition for the many thousands of physicians who regularly participate in CME
- To encourage all physicians to keep up-to-date and to improve their knowledge and judgment by CME
- To provide reassurance to the public that America's physicians are maintaining their competence by regular participation in CME
- To emphasize the AMA's position as a leader in CME
- To emphasize the importance of developing more meaningful continuing education opportunities for physicians
- To strengthen the physician's position as the leader of the health service team by focusing attention on his or her interest in maintaining professional competence.

The AMA encourages all physicians to become involved in a program that honors them as professionals who participate in CME in order to better meet the needs of their patients.

In addition, the AMA PRA is widely accepted by multiple entities as proof of participation in CME. Most state licensing boards and hospitals will accept the AMA PRA or the AMA approved application as proof of having met CME requirements.

AMA PRA requirements

Eligibility

Physicians may apply for the AMA PRA if they hold a valid and current license issued by one of the United States, Canadian or Mexican licensing jurisdictions, or are engaged in an ACGME-accredited residency training program in the United States.

Credit requirements for the AMA PRA

In order to apply for an AMA PRA, physicians must earn a specified number of *AMA PRA Category 1 Credits™*, either through accredited CME provider certified activities, from the AMA for direct credit activities, or international activities. The rest of the credits required for the award may be either *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™*.

The AMA offers one-, two- and three-year AMA PRAs. The requirements for each are as follows:

One-year award

- Twenty (20) *AMA PRA Category 1 Credits™* and thirty (30) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™* (50 credits total)
- Or one year ACGME residency/fellowship training

Two-year award

- Forty (40) *AMA PRA Category 1 Credits™* and sixty (60) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™* (100 credits total)
- Or two years ACGME residency/fellowship training

Three-year award

- Sixty (60) *AMA PRA Category 1 Credits™* and ninety (90) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™* (150 credits total)
- Or three years ACGME residency/fellowship training
- Or ABMS board certification or MoC

The AMA PRA with commendation is available for physicians who meet the following requirements:

One-year award with commendation: ninety (90) credits total

- Sixty (60) *AMA PRA Category 1 Credits™* and thirty (30) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™*

Two-year award with commendation: one hundred and eighty (180) credits

- One hundred and twenty (120) *AMA PRA Category 1 Credits™* and sixty (60) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™*

Three-year award with commendation: two hundred and seventy (270) credits

- One hundred and eighty (180) *AMA PRA Category 1 Credits™* and ninety (90) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™*

The AMA requires that at least half of the credit applied toward the AMA PRA be within the physician's specialty or area of practice. Ethics, office management and physician-patient communication can serve as appropriate topics for CME, but are not considered specialty specific education.

Award duration

The AMA PRA signals a commitment to ongoing participation in CME and acknowledges past participation in CME activities. The AMA grants the award based on the prior one to three years of CME credit attainment. The award's term begins on the first of the month following the completion date of the latest CME activity listed on the application for which the physician claimed *AMA PRA Category 1 Credit™*. For example, a physician applying for a three-year award whose last activity was on May 21, 2010, will be issued a certificate valid from June 1, 2010 until June 1, 2013. If a physician is renewing his/her AMA PRA the renewal date will be the same as the expiration date of his/her last AMA PRA if he/she earned the allotted credits in the time period of his/her expiring AMA PRA.

Activity-specific credit limits for the AMA PRA

For the purpose of applying for an AMA PRA certificate, certain activities include specific limits on the amount of credit a physician can claim, per year, toward their AMA PRA:

- Teaching at live activities certified for *AMA PRA Category 1 Credit™*: Limit of ten (10) *AMA PRA Category 1 Credits™* per year.
- Internet PoC: Limit of twenty (20) *AMA PRA Category 1 Credits™* per year.
- Manuscript review: Limit of five (5) reviews—or fifteen (15) *AMA PRA Category 1 Credits™* per year.
- Poster presentation: Limit of one (1) poster—or five (5) *AMA PRA Category 1 Credits™* per year.
- Publishing articles: Limit of one (1) article—or ten (10) *AMA PRA Category 1 Credits™* per year.

Other types of credit that may be used for the AMA PRA

For the purpose of obtaining an AMA PRA application physicians may identify credit earned within the following CME systems on a one-to-one basis for *AMA PRA Category 1 Credit™*

- American Academy of Family Physicians' prescribed credit
- American College of Obstetricians and Gynecologists' formal learning cognates

AMA PRA agreements with other organizations

The AMA has agreements with specialty societies, state medical societies, medical staff groups and other organizations whereby an AMA PRA can be issued to any US licensed physician as established by an agreement between the AMA and the organization. A list of the organizations with which the AMA currently has this type of agreement can be found at www.ama-assn.org/go/pr.

Organizations that are interested in developing a similar agreement should contact the AMA at cme@ama-assn.org for more information.

Jurisdictions that accept the AMA PRA certificate for licensing purposes

All US licensing jurisdictions requiring CME recognize the AMA PRA credit system. Some of these licensure boards will also accept a current and valid AMA PRA or the AMA approved AMA PRA application as documentation of having met their CME requirements.

Information about the state licensing requirements and what each accepts may be found online (www.ama-assn.org/go/pr) or in the AMA's annual publication, "State Medical Licensure Requirements and Statistics." For the most current information on states with CME requirements for licensure, we suggest that the particular jurisdiction be contacted directly.

The Joint Commission compliance

The Joint Commission (TJC) requires that, at hospitals and health care organizations it accredits, physicians with clinical privileges document their participation in CME. TJC will accept, subject to their review, correctly completed AMA PRA applications stamped "approved" by the AMA as documented physician compliance with TJC CME requirements. TJC requires that physicians conduct at least half of their reported CME in their specialty or area of clinical practice.

Disclaimer

Physicians should note that the AMA PRA does not serve as a direct measure of physician competency and should not be used for that purpose. Physician competency represents the assessment of many complex measures, of which CME participation is only one.



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Online CLC Resources:

This page is under construction. The new appearance and the advance search function will be available to you soon!

AB1195

California Business and Professions Code (2005)- refer to Division 2, Chapter 5, Article 10 & 10.5

<http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=bpc&codebody=&hits=20>

Summary of CLC in AB 1195 (UC Davis)

<http://www.ucdmc.ucdavis.edu/cme/resources/AB-1195.pdf>

Interactive data websites

Race, Ethnicity & Health Care— Kaiser Family Foundation

http://www.kaiseredu.org/topics_reflib.asp?id=329&parentid=67&rID=1

California Health Interview Survey

<http://www.chis.ucla.edu/main/default.asp>

The Behavioral Risk Factor Surveillance System (BRFSS)

<http://www.cdc.gov/brfss/>

RAND California Health and Socioeconomic Statistics

<http://ca.rand.org/stats/health/>

State of California, Dept. of Finance Demographic Research Unit, Sacramento CA, July 2007

<http://www.dof.ca.gov/HTML/DEMOGRAP/ReportsPapers/ReportsPapers.php#projections>

Health Professional Shortage Areas (HPSAs) by state and county

<http://www.hpsafind.hrsa.gov/HPSASearch.aspx>

Kaiser State Health Facts: (e.g minority health, women's health, uninsured)

<http://www.statehealthfacts.org/profileglance.jsp?rgn=6>

Data from the Healthcare Cost and Utilization Project (HCUP: health statistics and information on hospital inpatient and emergency department utilization)

<http://hcupnet.ahrq.gov/>

National Center for Health Statistics (NCHS)- surveys and data collection systems

<http://www.cdc.gov/nchs/express.htm>

State Estimates of Substance Use and Mental Health from the 2005-2006 National Surveys on Drug Use and Health

<http://www.oas.samhsa.gov/2k6state/toc.cfm>

California Pan-Ethnic Health Network: Race & Ethnicity Data

<http://www.cpehn.org/race-ethnicity-data.php>

Agency for Healthcare Research and Quality (AHRQ): Medical Expenditure Panel Survey (MEPS)

http://www.meps.ahrq.gov/mepsweb/data_stats/quick_tables_search.jsp?component=1&subcomponent=0

DHHS Hospital Compare

<http://www.hospitalcompare.hhs.gov/Hospital/Search/Welcome.asp?version=default&browser=Firefox%7C2%7CWinXP&language=English&defaultstatus=0&MBPProviderID=&TargetPage=&ComingFrom=&CookiesEnabledStatus=&TID=&StateAbbr=&ZIP=&State=&pagelist=Home>

Leapfrog Group

<http://www.leapfroggroup.org/cp>

CME courses on cultural communication & literacy

University of Pennsylvania School of Medicine: Cultural Competency Medical Education Program, Case-based Learning Modules

<http://www.med.upenn.edu/culture/cme.shtml>

Brown University Center for Alcohol & Addiction Studies: Distance Learning Program

<http://www.browndlp.org/>

Virtual Lecture Hall: California

<http://www.vlh.com/shared/courses/all.cfm?stateid=6&statename=california>

Public Health Foundation's TrainingFinder Real-time Affiliate Integrated Network (TRAIN): a national medical training listserv

<http://www.train.org/>

US DHHS Office of Minority Health – Think Cultural Health: Bridging the Healthcare Gap Through Cultural Competency Continuing Education Programs

<http://www.thinkculturalhealth.org/>

American Academy of Family Physicians: Quality Care for Diverse Populations

<http://www.aafp.org/online/en/home/cme/selfstudy/qualitycarevideo.html>

UCSF School of Medicine CME CLC Resources

<https://www.cme.ucsf.edu/culturalresources.aspx>

Aetna: Health Care Professionals Diversity in Health Care

http://www.aetna.com/provider/diversity_in_healthcare.html

American Academy of Orthopaedic Surgeons: Orthopaedic Knowledge Online

<http://www5.aaos.org/oko/login.cfm>

America's Health Insurance Plans (AHIP): Tools to address disparities in health

<http://www.ahip.org/disparities/QIModules/>

Recent (or useful) reports on disparities/CLC

Kaiser Family Foundation's monthly disparity research report digest

<http://www.kff.org/minorityhealth/report.cfm>

<http://www.jointcommission.org/NR/rdonlyres/88C2C901-6E4E-4570-95D8-B49BD7F756CF/0/HLCOneSizeFinal.pdf>

http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=413721

<http://futurehealth.ucsf.edu/TheNetwork/Portals/3/Caringfor%20patientswithLB.pdf>

<http://futurehealth.ucsf.edu/TheNetwork/Portals/3/Hospitalsteam%20withAA.pdf>

<http://www.ahrq.gov/browse/hlitra.htm#Cultural>

<http://futurehealth.ucsf.edu/TheNetwork/Portals/3/ALA%20Toolkit.FINAL.pdf>

http://ce54.citysoft.com/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf

<http://coe.stanford.edu/curriculum/courses/ethmedreadings04/em07gonzalez.pdf>

Pubmed

<http://www.ncbi.nlm.nih.gov/pubmed/>

Google Scholar

<http://scholar.google.com/>

Elsevier

<http://www.elsevier.com/>

Local organizations websites- local county resources (CBO, govt)

Medical Leadership Council on Cultural Proficiency

<http://www.medicalleadership.org/>

Alameda-Contra Costa Medical Association: Alameda County Coalition for Language Access in Healthcare

<http://www.accma.org/vp.do?page=11143>

(see below for additional listing)

Local organizations in other states

Ethnomed— University of Washington & Harborview Medical Center

<http://ethnomed.org/>

Boston Healing Landscape Project— Boston University

http://www.bu.edu/bhlp/pages/resources/cultural_competency/index.html

Program for Multicultural Health— University of Michigan Health System

<http://www.med.umich.edu/Multicultural/ccp/index.htm>

California organization websites- cultural groups/disease groups

California Pan-Ethnic Health Network

<http://www.cpehn.org/>

Association of Asian Pacific Community Health Organizations (Asian/Pacific-Islander)

<http://www.aapcho.org/site/aapcho/>

Asian Health Services (Asian/Pacific-Islander)

<http://www.asianhealthservices.org/>

Lyon-Martin Health Services (LGBT)

<http://www.lyon-martin.org/index.php>

Tom Waddell Health Center: Transgender Clinic (LGBT)

<http://www.sfdph.org/dph/comupg/oservices/medSvs/hlthCtrs/TransgenderHlthCtr.asp>

Southern California Transgender Counseling (LGBT)

<http://www.transgencounseling.com/staff.htm>

Dr. Maddie (LGBT)

<http://www.doctormaddie.com/>

National organizations-cultural groups/disease groups

National Hispanic Medical Association (Latina/Hispanic)

<http://www.nhnamd.org/>

National Medical Association (African American)

<http://www.nmanet.org/>

Association of American Indian Physicians (Native American/Indian)

<http://www.aaip.org/>

A Cultural Competency Toolkit: *Ten Grants Sites Share Lessons Learned*, National Consumer Supporter Technical Assistance Center (Behavioral Health/Mental Health/Psychiatry)

<http://www.ncstac.org/content/culturalcompetency/index.htm>

US DHHS Substance Abuse and Mental Health Services Administration, National Mental Health Information Center (Behavioral Health/Mental Health/Psychiatry)

<http://mentalhealth.samhsa.gov/>

Intercultural Cancer Council (Cancer)

<http://iccnetwork.org/>

Dana-Farber/Harvard Cancer Center: Initiative to Eliminate Cancer Disparities (Cancer)

<http://www.dfccc.harvard.edu/center-initiatives/iecd/resources/>

The University of Alabama at Birmingham—Cultural Competence Online for Medical Practice: A Clinician's Guide to Reduce Cardiovascular Disparities (Cardiovascular)

<http://www.c-comp.org/>

American Heart Association:Health Disparities (Cardiovascular)

<http://www.americanheart.org/presenter.jhtml?identifier=3045973>

Metabolic Pulse: Diabetes CME for Healthcare Providers (Endocrine)

<http://www.metabolicpulse.org/Home.html>

American Association of Clinical Endocrinologists: Cultural Competency and Minority Health Resources (Endocrine)

<http://www.aace.com/resources/mha/index.php>

Children's Health Alliance of Wisconsin: Asthma Resources (Pulmonary)(Children)

<http://www.chawisconsin.org/Asthma/resources.htm>

Providers' Guide to Quality and Culture—Reducing Health Disparities in Asian American & Pacific Islander Populations (Asian/Pacific-Islander)

<http://erc.msh.org/aapi/index.html>

Asian Health Coalition of Illinois: Cultural Competency Training (Asian/Pacific-Islander)

http://www.asianhealth.org/site/epage/73337_794.htm

The Asian & Pacific Islander American Health Forum (Asian/Pacific-Islander)

<http://www.apiahf.org/>

Minority Executive Directors Coalition of King County, Washington: Promoting Cultural Competency (Black/African-American)

<http://www.medcofkc.org/programs.html>

West Michigan Alliance for Gerontology Education: Cultural Competency (Gerontology/Elderly)

<http://www.wmage.org/cultcomp.html>

Stanford Geriatric Education Center, Stanford School of Medicine (Gerontology/Elderly)

<http://ssec.stanford.edu/>

Diversity Advancement Toolkit, National Association of Area Agencies on Aging (Gerontology/Elderly)

<http://www.n4a.org/resources-publications/tool-kits/?fa=diversity-toolkit>

Salud Latina/Latino Health (Latina/Hispanic)

<http://www.salud-latina.org/slservices.htm#cc>

National Alliance for Hispanic Health (Latina/Hispanic)

><http://www.hispanichealth.org/lep/>

Mautner Project (LGBT)

http://www.mautnerproject.org/health_information/Provider_Info/index.html

Gay and Lesbian Medical Association (LGBT)

<http://www.gлма.org/>

Gay, Lesbian, Bisexual and Transgender Health Access Project (LGBT)

<http://www.glbhealth.org/trainings.html>

Eli R. Green (LGBT)

<http://www.elirgreen.com/>

Public Health Department of Seattle and King County (LGBT)

<http://www.kingcounty.gov/healthservices/health/personal/glbst.aspx>

Samuel Lurie (LGBT)

<http://www.tgtrain.org/present.html>

Bringing Refugee Youth & Children's Services (Refugees)(Children)

<http://www.brycs.org/>

Refugee Health and Cultural Awareness Training Program, The State University of New York at Buffalo (Refugees)

<http://www.refugeehealth.com/>

Refugee Health Information Network (Refugees)

<http://www.rhin.org/default.aspx>

US DHHS Indian Health Services: Clinical Support Center (Native American/Indian)

<http://www.ihs.gov/MedicalPrograms/ClinicalSupportCenter/>

National Resource Center on Native American Aging, Center for Rural Health, University of North Dakota School of Medicine & Health Services (Native American/Indian) (Gerontology/Elderly)

<http://ruralhealth.und.edu/projects/nrcnaa/>

US DHHS National Women's Health Information Center (Women)

<http://www.womenshealth.gov/healthpro/cultural/>

American College of Obstetricians and Gynecologists: Cultural Competence (Women)

http://www.acog.org/departments/dept_notice.cfm?recno=18&bulletin=1059

National/government organizations – CLC

US DHHS Office of Minority Health

<http://www.omhrc.gov/templates/browse.aspx?lvl=1&lvlID=3>

AHRQ Health Care: Healthcare Innovations Exchange http://www.innovations.ahrq.gov/whatsnew_issue.aspx/

Cross Cultural Health Care program

<http://www.xculture.org/>

National Center for Cultural Competence—Georgetown University Center for Child and Human Development

<http://www11.georgetown.edu/research/gucchd/nccc/information/faculty.html>

DiversityRx

<http://www.diversityrx.org/HTML/MODELS.htm>

The Center for Cross-Cultural Health

<http://www.crosshealth.com/index.html>

Resources on communication services and skills

US DHHS Office of Civil Rights: Limited English Proficiency

<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/>

National Council on Interpreting in Health Care

<http://www.nciic.org/>

Speaking Together: National Language Service Network Toolkit

<http://www.speakingtogether.org/resources>

Agency for Healthcare Research and Quality (AHRQ): Spanish Language Superheroes Campaign

<http://www.ahrq.gov/superheroes/>

California Department of Health Care Services: Medi-Cal Language Access Services Taskforce

<http://www.dhcs.ca.gov/services/multicultural/Pages/LangAccessTaskforce.aspx>

Access Project: Language Services

<http://www.accessproject.org/language.html>

San Mateo County Health Department: Linguistic Access in Health Care Report

http://www.co.sanmateo.ca.us/vgn/images/portal/cit_609/46/37/779982640Summary%20of%20Best%20Practice%20Research.pdf

Resources on services and literacy skills

Health Literacy Consulting

<http://www.healthliteracy.com/>

Institute for Healthcare Improvement : Audio Programs (Free)

<http://www.ihl.org/IHI/Programs/AudioAndWebPrograms/WIHL.htm>

Health Literacy Universal Precautions Toolkit

<http://www.ahrq.gov/qual/literacy/>

Resources on interpreter services and skills

Northern California Translators Association

<http://www.ncta.org/>

Language Line Services

http://www.language.com/page/industry_healthcare/

Pacific Interpreters

<http://www.pacificinterpreters.com/>

California Healthcare Interpreting Association

<http://chiaonline.org/>

Professional Interpreter Exchange

<http://www.pieinc.com/>

Hablamos Juntos: Language Policy and Practice in Health Care

<http://hablamosjuntos.org/default.about.asp>

American Translators Association

<https://www.atanet.org/onlinedirectories/>

Resources on subgroups and health related information

Kaiser Health News: Daily Report

<http://www.kaiserhealthnews.org/Daily-Report.aspx>

Data collection- surveys,- demographic

Health Research and Education Trust in association with American Hospital Association: Disparities Toolkit

<http://www.hretdisparities.org/>

CLC Offline Resources:

Books

REFUGEES/IMMIGRANTS

Spirit Catches You When You Fall Down

Author: Anne Fadiman

Publisher: Farrar, Straus & Giroux

September 1998

Paperback, 341 pages

\$14.00 US

ISBN: 0-374-52564-1

Vulnerable Populations in the United States

By Leiyu Shi, Gregory D. Stevens

Contributor Leiyu Shi, Gregory D. Stevens

Published by Wiley_Default, 2005

ISBN 0787969583, 9780787969585

312 pages

The Latino Patient: A Cultural Guide for Health Care Providers

By Nilda Chong

Published by Intercultural Press, 2002

ISBN 1877864951, 9781877864957
227 pages

GENERAL

Achieving Cultural Competency: A case-based approach to training health professionals
Editors: Lisa A. Hark & Horace M. DeLisser
Publisher: Wiley-Blackwell
September 2009
Paperback, 278 pages
ISBN: 978-1-4051-8072-6

Caring for Patients from Different Cultures: Fourth Edition
Author: Geri-Ann Galanti
Publisher: Author: Geri-Ann Galanti
Publisher: University of Pennsylvania Press
2008
Paperback, 298 pages
ISBN: 978-0-8122-2031-5

Toward Culturally Competent Care: A Toolbox for Teaching Communication Strategies
By Sunita Mutha, MD, FACP; Carol Allen, MA;
Melissa Welch, MD, MPH
The Center for Health Professions at UCSF
<http://futurehealth.ucsf.edu/TheNetwork/Default.aspx?tabid=290>

Teaching Cultural Competence in Nursing and Health Care: Inquiry, Action, and Innovation
By Marianne R. Jeffreys
Published by Springer Publishing Company, 2006
ISBN 0826177646, 9780826177643
209 pages

Cultural Competence in Health Care
By Jon Mark Streltzer, Wen-Shing Tseng
Contributor Jon Mark Streltzer, Wen-Shing Tseng
Published by Springer, 2008
ISBN 0387721703, 9780387721705
138 pages

Providing Culturally And Linguistically Competent Health Care
By Joint Commission, Lisa Tinoco, Inc Joint Commission Resources, Joint Commission Resources, Inc
Published by Joint Commission Resources, 2005
ISBN 0866889450, 9780866889452
150 pages

Cultural Diversity in Health and Illness
By Rachel E. Spector
Published by Prentice Hall Health, 2000
ISBN 0838515363, 9780838515365
368 pages

Cultural Competence in Healthcare: A Practical Guide
By Anne Rundle (Editor), Maria Carvalho (Editor)
Mary Robinson (Editor)
Paperback: 272 pages
Publisher: Jossey-Bass; 1 edition (May 1, 2002)
Language: English
ISBN-10: 078796221X
ISBN-13: 978-0787962210

ELDERLY

Doorway Thoughts: Cross-Cultural Health Care for Older Adults
By the American Geriatrics Society (Sudbury, Mass.: Jones and Bartlett).
Vol 1: (2004); paperback, 113 pages; \$23.95.
Vol. 2: (2006); paperback, 181 pages; \$23.95.

Films:

**Fanlight Productions have a large selection of films and video recordings pertinent to CLC. Some are listed here but others can be found: www.fanlight.com*

AFRICAN AMERICAN

The Angry Heart
The Impact of Racism on Heart Disease Among African Americans
By Jay Fedigan
Fanlight Productions
57 minutes; © 2001
Purchase \$219 VHS / Purchase \$219 DVD
Order No. QA-331
ISBN (VHS) 1-57295-331-4
ISBN (DVD) 1-57295-972-X

GENERAL

Community Voices: Exploring Cross-Cultural Care through Cancer

By Jennie Greene & Kim Newell
 Harvard Center for Cancer Prevention
 Fanlight Productions
 69 minutes; © 2001
 Purchase \$269 VHS / Purchase \$269 DVD
 Order No. QA-329
 ISBN (VHS) 1-57295-329-2
 ISBN (DVD) 1-57295-813-8

LESBIAN/GAY

Autoexamen del Seno (Breast Self-Exam and Cancer)
 By Teresa Cuadra, MD, & Suzanne Newman
 Fanlight Productions
 13 minutes; © 1999
 Purchase \$99 VHS
 Order No. QA-341
 ISBN (VHS) 1-57295-341-1

Nuestra Salud: Lesbianas Latinas Rompiendo Barreras
 (Our Health: Latina Lesbians Breaking Barriers)
 By Teresa Cuadra, MD & Suzanne Newman
 Fanlight Productions
 124 minutes; © 2002
 Purchase \$490 VHS
 Order No. QA-909

Meth
 By Todd Ahlberg
 Babalu Pictures, LLC
 © 2005
 To order a copy: www.methmovie.com

The Gift
 Louise Hogarth
 Dream Out Loud Productions
 © 2002
 To order a copy: <http://www.thegiftdocumentary.org/purchase/homeorinst.html>

MENTAL HEALTH

The Culture of Emotions
 By Harriet Koskoff
 Fanlight Productions
 58 minutes; © 2002
 Purchase \$299 VHS / Purchase \$299 DVD
 Order No. QA-361
 ISBN (VHS) 1-57295-361-6
 ISBN (DVD) 1-57295-807-3

NATIVE AMERICAN

That Spirit, That Thing Inside
 By Bronwynne C. Evans, RN, PhD
 Intercollegiate College of Nursing, Washington State University
 Fanlight Productions
 23 minutes; © 2002
 Purchase \$199 VHS / Purchase \$199 DVD
 Order No. QA-348
 ISBN (VHS) 1-57295-348-9
 ISBN (DVD) 1-57295-947-9

REFUGEES/IMMIGRANTS

Worlds Apart: A Four-Part Series on Cross-Cultural Healthcare
 By Maren Grainger-Monsen, MD, and Julia Haslett
 Stanford Center for Biomedical Ethics
 Fanlight Productions
 47 minutes; © 2003
 Purchase \$399 VHS / Purchase \$399 DVD
 Order No. QA-912
 ISBN (VHS) 1-97295-912-6
 ISBN (DVD) 1-57295-805-7

Hold Your Breath
 By Maren Grainger-Monsen, MD, and Julia Haslett
 Stanford Center for Biomedical Ethics
 Fanlight Productions
 58 minutes; © 2005
 Purchase \$289 VHS / Purchase \$289 DVD
 Order No. QA-456
 ISBN (VHS) 1-57295-456-6
 ISBN (DVD) 1-57295-850-2

TRANSGENDER/INTERSEX

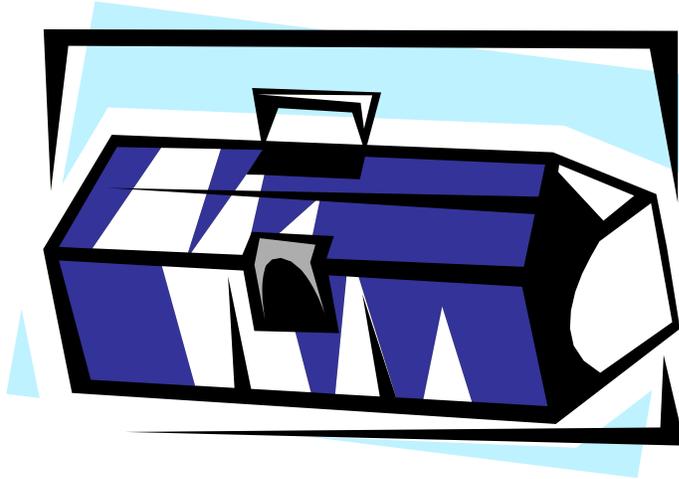
Southern Comfort
Director: Kate Davis
Format: Color, DVD-Video, Full Screen, NTSC
Studio: New Video Group
DVD Release Date: March 25, 2003
Run Time: 90 minutes
ASIN: B000089725

First Do No Harm: Total Patient Care for Intersex
From the Intersex Society of North America
Fanlight Productions
20 minutes; © 2002
Purchase \$149 VHS
Order No. QA-368
ISBN (VHS) 1-57295-368-3

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RSS



RSS

TOOLS TO SUPPORT IMPLEMENTATION OF A MONITORING SYSTEM FOR REGULARLY SCHEDULED SERIES

DEVELOPED BY
THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION
DECEMBER 2005; UPDATED JANUARY 2008



DATE: January 2008

TO: Colleagues in Continuing Medical Education

FROM: Murray Kopelow, MD, MS(Comm), FRCPC
ACCME Chief Executive

RE: Revised Tools to Help Providers Implement Monitoring Systems for Regularly Scheduled Series (RSS)

In 2003, ACCME adopted a new approach to the accreditation of providers offering Regularly Scheduled Series (RSS) that would allow providers to use more of their resources to support learning and change rather than meeting accreditation documentation requirements. Since the 2003 release of the ACCME's original RSS Toolkit, the ACCME's accreditation requirements for providers have changed. The ACCME's Updated Accreditation Criteria, released in September 2006, outline new and important expectations of providers that must be incorporated into regularly scheduled series.

The point of it all: Regularly Scheduled Series are a 'Bridge to Quality'

It is critical to contemporary continuing medical education and current ACCME policy that regularly scheduled series not simply be a large number of didactic lectures on single subjects. RSS account for about 40% of the accredited CME in the US. As such they constitute an important opportunity for learning and change and are a key component of any strategy aimed at the improvement of professional practice (Criterion 16). Providers must base RSS on the professional practice gaps of their learners (Criterion 2). ACCME will be looking for verification of this in your monitoring data.

Professional practice gaps can be those of individuals; however, it is more likely that in an institutional setting the gaps will be those of the healthcare team, or system, in which the learners practice. Providers must deduce the educational need that underlies the professional practice gaps (Criterion 2). Why is it that the professionals have this gap? Is it because they do not 'know'? Is it because they do not have an appropriate strategy in place to address the problem? Or is it that they know what to do, but that they have not, or cannot, implement it? As such, all RSS must be designed to **make a change** in clinical competence (strategy), performance, or patient outcomes of these learners (Criterion 3) – and they must also be designed to **measure for a change** in clinical competence (strategy), performance, or patient outcomes (Criterion 11). The change can be measured at the level of the individuals or at the level of the community of professionals (including teams). The CME Providers must strive to ensure that RSS are truly practice-based learning and improvement. ACCME will be looking for verification of this in your monitoring data.

Regularly scheduled series provide important opportunities to foster collaboration, to identify and overcome barriers to change, to explore beyond the confines of your institution (Criteria 18, 19, 20, and 21). You should be in a position to influence the scope and content of all regularly scheduled series so that these objectives can be realized (Criterion 22). ACCME will be looking for verification of this in your monitoring data.

Providers that produce RSS must ensure that their monitoring systems allow them to assess the extent to which their RSS meet these ACCME's Updated Accreditation Criteria.

The ACCME has revised the examples from its 2005 RSS Toolkit to illustrate how monitoring systems might capture and present data on the extent to which sessions and series meet the ACCME's Updated Accreditation Criteria. This toolkit includes those revised examples along with an updated version of the ACCME's Requirements for RSS Monitoring Systems. These updates are based on the ACCME's Updated Accreditation Criteria. The overall philosophy of structure required of **monitoring systems**, including the use of sampling, has remained unchanged.

This RSS toolkit contains the following materials:

- **Reflecting on the Planning and Implementation of RSS**
This tool is designed to help providers reflect on the preparation and delivery of RSS.
- **ACCME's Expectations of Providers RSS Monitoring Systems and Reports on Monitoring Systems**
This document specifies parameters for monitoring systems, including expectations for data collection and reporting.
- **Educational Tools¹**
There are three sample "monitoring system reports" presented as illustrations of what the results of a provider's monitoring system might look like.

The ACCME is hopeful that these tools will meet the CME community's needs. The ACCME welcomes your suggestions for additional needed materials. As always, the ACCME appreciates your commitment to quality continuing medical education for physicians.

¹ The ACCME is offering these implementation tools **not** as finite interpretations of its policies, but as **examples** that providers have requested to give them ideas and foundations with which work can continue. Organizations should feel free to adapt these tools to their specific CME programs.



Tools to Support Implementation of a Monitoring System for Regularly Scheduled Series

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Reflecting on the Planning and Implementation of Regularly Scheduled Series* (RSS)

A **Regularly Scheduled Series (RSS)** is defined as an activity that is planned to have 1) a series with multiple sessions that 2) occur on an ongoing basis (offered weekly, monthly, or quarterly) and 3) are primarily planned by and presented to the accredited organization's professional staff. Examples of activities that are planned and presented as a regularly scheduled conference are Grand Rounds, Tumor Boards, and M&M Conferences. Hospitals, health systems, and medical schools are the types of CME providers that typically offer RSS because each of these organization types has in-house professional staff. RSS are offered as directly sponsored and jointly sponsored activities.

In 2003, ACCME adopted a policy for RSS that allows CME providers that offer RSS to monitor whether or not their RSS are meeting ACCME expectations. The ACCME expects that a CME provider will plan and implement its regularly scheduled conference activities according to its own policies and procedures but in a manner that is in compliance with ACCME's Updated Accreditation Criteria and applicable Policies.

Each CME provider that offers RSS is faced with making decisions about how RSS will be planned, implemented, and evaluated. The questions below offer a perspective for providers to consider when reflecting on the planning and implementation of RSS activities:

1. How do you organize your RSS?

- Is each session one activity?
- Is each series an activity?
- Are all RSS together one activity with many components?

2. What procedures do you use to plan your RSS?

- Do you have a yearly planning meeting for all RSS where needs are identified?
- Do you have applications that RSS planners must complete?
- Do you have meetings with each group/individual with responsibilities for an RSS activity?

3. How do you implement your RSS?

- Who are the individuals responsible for the implementation of the RSS?
- Do you have expectations of these individuals? If so, what are they?
- Do you have guides or templates that are used for implementation?
- Are there different procedures for different series?



ACCME's Expectations of Systems to Monitor for Compliance in Regularly Scheduled Series (RSS)

Providers that produce Regularly Scheduled Series (RSS), formerly referred to as RSCs, are required to (a) implement monitoring systems that demonstrate their RSS meet the ACCME's Updated Criteria, and (b) provided evidence (e.g., reports) of their monitoring system(s) that meet the following expectations:

1. The ACCME expects that **all** series², and **all** sessions³ within a series, will meet ACCME's Updated Criteria and be in compliance with ACCME Policies⁴. Providers' monitoring systems **must** incorporate, measure and document compliance with Criteria 2 - 11 and applicable ACCME Policies.
2. The provider must collect data and information from all series as a part of its monitoring system. However, data on each Criterion and Policy need not be collected from every series. For example, a CME provider may monitor Series A for meeting Criteria 2 and Series B for meeting Criteria 3.
3. Monitoring data may be derived from either (1) a sample of a provider's sessions or (2) from all sessions. However, if sampling is used, it must be applied consistently for 10% to 25% of the sessions within each series across the whole accreditation term.
4. A provider must analyze the data and information and determine if the RSS has met ACCME's Criteria 2 - 11 and the applicable ACCME Policies. A provider must also analyze the data and information for Criteria 16 - 22 (in consideration of Accreditation with Commendation) if it chooses to monitor these criteria. A provider would indicate that an RSS has met a Criterion or is in compliance with an ACCME Policy if its monitoring system indicates performance, as outlined in the Criterion or Policy, is achieved in 100% of the sample.

The Provider will report whether or not it has met Criteria 2 - 10 and is in compliance with the applicable ACCME Policies within the self study report.



These points of reporting are indicated throughout the self study outline with this special RSS icon.

If monitoring system data indicate that performance within the sampled series or sessions did not meet one of Criterion 2 - 10 or an applicable ACCME Policy, then the provider must:

- a) identify the problem and describe it in **VIII-F** of the self study outline (related to C13),
- b) describe the implemented improvements in **VIII-G** of the self study outline (related to C14), and
- c) describe the impact of the implemented improvements in **VIII-I** of the self study outline (related to C15).

^{2, 3} An RSS course is an educational activity that is presented as a **series** of meetings which occur on an ongoing basis (e.g. weekly, monthly, or quarterly) and is primarily planned by and presented to the accredited organization's professional staff. Examples of RSS **series** are Grand Rounds, Tumor Boards, and M&M Conferences. Each RSS series is made up of multiple **sessions**, or individual meetings, that occur on regular intervals.

⁴ In addition to monitoring the extent to which the RSS meet ACCME's Updated Accreditation Criteria, RSS Monitoring Systems should monitor the extent to which the RSS meet ACCME Policies on 1) the [Accreditation Statement](#), 2) [Records Retention](#) as it relates to **Physician Participation**, and 3) [CME Content and Content Validation](#)

EXAMPLE #1 City Hospital's Monitoring System

Background

City Hospital recently decided to reinstitute RSS into its CME program. RSS had not been approved by the City Hospital CME program for a few years due to insufficient staff support, and lack of physician participation. Two years ago, the hospital engaged in strategic planning and decided to make education an organizational imperative. This led to a re-organization of the CME department, a revitalization of the CME Committee, and greater organizational resources for RSS.

City Hospital began monitoring its RSS on an annual basis, and then made adjustments to monitor some series on a more frequent basis, based on its first year's monitoring system's results.

The CME department held training sessions for all personnel who would be involved in RSS. CME personnel distributed a CME manual, demonstrated how to use the on-line CME application, and set dates for follow-up meetings with each department.

City Hospital currently has five regularly scheduled conferences: Pediatric Grand Rounds, Internal Medicine Grand Rounds, Surgery Grand Rounds, OB-GYN Grand Rounds and Tumor Board. Each series meets 10 times per year so there are 10 sessions in each series.

How City Hospital Plans its RSS

City Hospital applies a consistent planning process that is specific to RSS. The planning process begins with a descriptive on-line application that consists of a planning worksheet and supportive documentation. Applications are completed by departments that wish to offer RSS as CME activities. CME staff offer support to the individual department staff completing the applications. The application (i.e., planning worksheet) requires that a department describe and provide documentation that supports the ACCME's Accreditation Criteria, including the Standards for Commercial Support. The application asks applicants to identify:

- The target audience for the activity.
- The learners' professional practice gap the activity will address (documentation required) (C2).
- If the need, based on the gap, is a need in knowledge, competence, or performance (C2).
- How the activity matches the learners' scope of practice (C4).
- Desired results of activity (only options are changes in competence, performance, or patient outcomes). (C3, C5)
- Objectives of activity
- Format of activity and how the format supports the objectives and desired results (C5).
- Description of how changes in learner's competence, performance, or changes in patient outcomes will be evaluated (C11).
- Proposed Faculty
- One or more ACGME/ABMS or IOM competencies that are associated with the activity content (C6).
- Plans for seeking commercial support.
- How the activity promotes improvements in healthcare (C10).

Department personnel and CME staff work together to ensure that each RSS is developed and presented independent of commercial interests. No direct or indirect influence from commercial interests is permitted. CME staff also support department personnel on the production of promotional pieces to ensure the correct accreditation statement is used. CME staff oversee the implementation of mechanisms to identify and resolve conflicts of interest and to ensure that disclosure to the learners occurs appropriately (C7). In addition, the CME office ensures that commercial support is managed properly and that all signed letters of agreement are secured (C8). As a part of this support, budgets and income and expense statements are developed and reconciled to ensure that honoraria and expenses are appropriate, according to City Hospital Policies.

City Hospital's RSS do not include advertising or exhibits (C9).

How City Hospital Monitors its RSS

City Hospital monitored a sampling of at least 20% of sessions within each of its five series. City Hospital utilized the following methods to collect data on its RSS' compliance with ACCME Criteria:

- review of planning worksheets and materials (i.e., meeting minutes, needs data)
- review of promotional pieces and review of activity materials (i.e., slide copies, handouts)
- review of evaluation methods and results
- review of budgets, income and expense statements, and written agreements along with list of commercial supporters (list is attached)
- review of mechanism to verify physician participation
- review of list of planners and speakers, their disclosed relevant financial relationships, if applicable, and mechanisms used to identify and resolve any conflicts of interest.

At the end of its academic year after its first year of implementing its RSS monitoring system, a RSS Task Force met to review the above data sources, analyze the data and drew conclusions about the successes of the RSS in meeting ACCME's Criteria. The conclusions reached were based on the ACCME's Criteria. Based on the conclusions, the Task Force formulated recommendations to the full CME committee for programmatic changes. The table on the following pages represents the findings, conclusions, and improvements made or planned as a result of the implementation of the monitoring system after one year of City Hospital's use of an RSS monitoring system.

COMMERCIAL SUPPORTERS OF CITY HOSPITAL'S RSS

Pediatric Grand Rounds

ABC Pharmaceuticals
National Drug Company

Internal Medicine Grand Rounds

XYZ Pharmaceutical Company

Surgery Grand Rounds

Best Devices, Inc.
Universal Instrument Company
New Tomorrow Catheter Company

OB-GYN Grand Rounds

ABC Pharmaceuticals
National Drug Company

Tumor Board

No commercial supporters

City Hospital RSS Analysis

1 What is monitored	2 The Provider's monitoring method	3 The Provider's description and analysis of the data collected	4 The Providers analysis	5 The Provider's action plan and/or improvements implemented
C2 (professional practice gap and need)	Review of planning worksheet, samples of needs data, and minutes from end of year review from Pediatric and Internal Medicine Grand Rounds.	Completed planning worksheets from both series showed that the planner incorporated educational needs underlying their learner's professional practice gaps into their series'. Attachments to the planning worksheet offers verification of the professional practice gap and underlying needs.	Met Criteria	Ask both departments to share the techniques they used to identify practice gaps with the other departments hosting RSS.
C3 (activity designed to change performance, competence, or patient outcomes, based on mission statement)	Review of planning worksheet from Surgery and OB-GYN Grand Rounds	Completed planning worksheets from both series showing that the planners designed their activities to change competence, performance, or patient outcomes.	Met Criteria but can improve	We will work with planners to more clearly understand the differences between competence, performance, and patient outcomes. We will sample these 2 series next year to see what changes have been made.
C4 (content matches learners' scope or potential scope of practice)	Review of planning worksheets from all series	Needs and evaluation data from 2 sessions of each series were collected. Data for all five series were similar in that each department chose subjects from their learners' current scope of practice. This was achieved by relying predominantly on patient care cases seen during the last year. The five most frequently seen conditions were chosen as the primary content to be covered.	Met Criteria	We will review evaluation data at the end of the year to compare topics to national trends (i.e.; leading journals, national specialty meetings).

<p>C5 (format appropriate to setting, objectives, and desired results)</p>	<p>Review of Tumor Board and Surgery Grand Rounds</p>	<p>Completed planning worksheet and promotional material were reviewed as a means to determine that that both series used delivery methods appropriate for their objectives and desired results.</p>	<p>Met Criteria but can improve</p>	<p>We thought the Departments may be interested in being more creative from an educational methodology perspective. We brought them together to discuss their options.</p> <p>Both departments are interested in trying more interactive learning methods in their series. We will try these next year.</p>
<p>C6 (activity developed in context of desirable physician attributes)</p>	<p>Review of planning worksheet from Pediatric Grand Rounds</p>	<p>Completed planning worksheets from this series illustrated to us that of all desired physician attributes, only those clinically-oriented competencies were applied.</p>	<p>Met Criteria but can improve</p>	<p>We are planning a faculty wide workshop on the integration of CME into QI. We will also use this time to discuss IOM and ACGME competencies other than “clinical skills” which match our organizations QI process.</p> <p>All series will be included in this and all series will be monitored for changes next year.</p>
<p>C7 (activity decisions made free of commercial interests, conflicts of interest are identified and resolved, relevant financial relationships are disclosed)</p>	<p>From Internal Medicine and Surgery Grand Rounds:</p> <p>For SCS 1: Review of planning worksheet and minutes of planning meetings.</p> <p>For SCS 2: Review of lists of disclosed relevant relationships and processes implemented to resolve COI.</p> <p>For SCS 6: Review of disclosure information presented to learners.</p>	<p>For SCS 1: Planning meeting minutes provided us with data to ensure content decisions were made independent of commercial interests.</p> <p>For SCS 2: Planning meeting minutes along with conflict of interest information provided by the faculty showed that the process was applied.</p> <p>For SCS 6: Planning meeting minutes, participant handouts, moderator attestation, and “disclosure” slide copy showed that the appropriate disclosure took place.</p>	<p>Met Criteria</p>	<p>Departments will continue to plan their activity independently of any commercial supporter, obtain and report disclosure information from faculty and planners, and resolve conflicts of interest as appropriate.</p>

<p>C8 (commercial support is managed appropriately)</p>	<p>Review of planning documents, budgets, income and expense statements, meeting materials and written agreements from each series except Tumor Board.</p>	<p>Financial statements illustrated to us that commercial support was appropriately managed.</p> <p>Signed letters of agreement, however, were not present for 3 of 10 Internal Medicine sessions and 4 of 10 of OB-GYN Grand Rounds.</p> <p>Income and expenses summaries indicated faculty were paid in accordance with honorarium policy.</p>	<p>Initially, did not meet Criteria</p> <p>After intervention, met criteria</p>	<p>Internal Medicine and OB-GYN were notified that current practices did not meet expectations. We met with planners in those departments to review our policies and procedures then discussed the need for corrective actions. We also shared practices from the other departments used as an example that did meet this Criterion. We worked more closely with the IM and OB-GYN departments. Our most recent review of files from the departments (the last 3 sessions with commercial support) demonstrated that signed letters of agreement are now being maintained. Copies are forwarded to the CME department on a regular basis.</p> <p>We will continue to monitor the written agreement process for each session and, along with a representative of each department, report back to the CME Committee quarterly.</p>
<p>C9 (promotion neither influences planning or interferes with learning)</p>	<p>Review of planning documents, budgets, income and expense statements, meeting materials and written agreements from Pediatric and OB-GYN Grand Rounds</p>	<p>Review of the planning worksheet show that neither series offer promotional opportunities</p>	<p>Met Criteria</p>	<p>We will continue asking about any planned promotion associated with CME activities in the planning worksheet.</p>
<p>C10 (content promotes healthcare improvements and not proprietary interests)</p>	<p>Review of the planning worksheet, meeting minutes, slide copies, and/or handouts from three sessions from Internal Medicine and Surgery Grand Rounds.</p>	<p>Planning materials and presentation handouts indicated that content promotes improvements in healthcare and not proprietary interests of any commercial interest.</p>	<p>Met Criteria</p>	<p>Monitoring of this Criterion will continue. We also plan to conduct periodic department in-services on this component of the SCS.</p>
<p>Content Validity Value Statements</p>	<p>Review of the planning worksheet, meeting minutes, slide copies, and/or handouts from three sessions of Internal Medicine and Surgery Grand Rounds.</p>	<p>Planning materials and handouts were used as a means to review content. The content complied with ACCME's content validation statements.</p>	<p>In Compliance with Policy.</p>	<p>We will continue to share expectations for valid content with each department so they can share these expectations with planners and speakers.</p>

<p>C11 (change in learners is analyzed)</p>	<p>Review of the collection of evaluation tools from all series and annual review meeting minutes.</p>	<p>Each department offering an RSS provided information on what they did to analyze change in learners resulting from their series. Three departments used questionnaires asking the learners to report changes they plan to make in their practice. The tabular data showed that 35% or more of learners reported they would make changes in their practice. Two departments used a different approach by incorporating the organizations quality improvement process into their evaluation analysis. Positive change in physician performance and patient outcomes were observed in a review of QI data.</p>	<p>Met Criteria</p>	<p>RSS departments will meet periodically to share evaluation methods, results, and planned improvements. The integration of evaluation and CME into QI will also be addressed in these meetings.</p>
<p>Learner Participation</p>	<p>Review of mechanism used by all departments.</p>	<p>Verification of physician participation is maintained electronically. When a physician arrives at the RSS session, he/she signs in with the registrar of the meeting. The registrar enters the physician into the Access Database the hospital has developed to track attendance. The system can generate a record of physician participation upon request.</p>	<p>In Compliance with Policy.</p>	<p>No improvements planned.</p>
<p>Accreditation Statement</p>	<p>Review of activity promotional pieces from Tumor Board</p>	<p>Flyers were collected to verify the use of the correct accreditation statement.</p>	<p>In compliance with policy</p>	<p>We went back and got more data from a few of the sessions from other series. The results were the same: we adhere to the Policy. We now feel comfortable that our sample from Tumor Board was sufficient to make judgments about the whole program of RSS.</p>

EXAMPLE #2
ABC Medical School Monitoring System Report

Background

Prior to the implementation of ACCME’s RSS policy, ABC Medical School had already decided to begin monitoring its RSS through a system separate from its internal RSS application process. The materials staff and CME Committee members reviewed, as part of the monitoring system included the RSS CME Application, which was supported by (1) planning meeting minutes; (2) letters to faculty; (3) flyers; (4) written agreements for commercial support; (5) evaluation tools; (6) moderator notes; and (7) other evidence that disclosure occurred, if disclosure was not done verbally (slide copies; syllabus materials, etc). In addition, staff and CME Committee members audited via up to 3% of each session from each series over a two-month period.

ABC’s Monitoring System

ABC Medical School’s planning processes supported its ability to monitor its successes at meeting some Criteria **at the series level**. ABC Medical School monitored the SCS at the **session** level, to help ensure it had the necessary documentation to verify it met ACCME’s expectations.

The following two tables represent the initial, or baseline analysis of the data collected from our RSS at the **series level**. This analysis was based on reviews of planning, meeting materials, and evaluation methods at the **series** level. Each series is planned and implemented as one activity.

RSS Series Monitoring Analysis - Baseline	Name of Series and # of Sessions sampled	C 2	C 3	C 4	C 5	C 6	IN SUPPORT OF C 11
	Tumor Board (3)	Y		Y		N	N
	M & M Conference (2)		N		Y		N
	Surgery Grand Rounds (2)			Y	Y		N
	Internal Medicine Grand Rounds (3)	N	N	Y	Y	N	Y
	Pediatric Grand Rounds (2)		N				N
	Psychiatry Grand Rounds (2)			N			Y
	Cardiac Cath Conference (2)	Y	Y	Y	Y	N	Y

The following table represents the initial, or baseline analysis of the data collected from RSS at the **session level** that included reviews of budgets, income and expense statements, written agreements, moderator notes, slide copies and handouts, flyers, and letters to faculty.

RSS Series Monitoring Analysis - Baseline	Name of Series and # of Sessions sampled	C 7 (SCS, 1, 2, 6)	C 8 (SCS (3))	C9 (SCS 4)	C10 (SCS 5)
	Tumor Board (3)	N			Y
	M & M Conference (2)	Y		NA	Y
	Surgery Grand Rounds (2)	Y	N	NA	Y
	Internal Medicine Grand Rounds (3)	N	N		
	Pediatric Grand Rounds (2)	Y	N	NA	Y
	Psychiatry Grand Rounds (2)	N	N		
	Cardiac Cath Conference (2)	N			Y

CONCLUSIONS – REGARDING BASELINE RSS’ OBSERVATIONS:

A review of our baseline data revealed that our planning processes for several RSS series would not meet ACCME’s Criteria. While applications had been approved for the series, there was little to no back-up for those applications to support the extent to which we met Criteria 2 – 6 and 11. We noticed that there was little evidence of what planning process was used and how needs data were used. In addition, evaluation of the effectiveness of the activities had not occurred in several series. In the others, only change in knowledge had been evaluated.

Regarding Criteria 7-10 on the SCS, there seemed to be a systemic problem with obtaining or maintaining signed agreements for commercial support and documenting that disclosure occurred.

IMPROVEMENTS MADE AFTER BASELINE CONCLUSIONS

One of the first improvements made was to change the RSS application form so that more information and materials on the planning process would be collected upfront. This enabled us to be more confident that we were meeting Criteria 2 - 6 and 11. We also provided training sessions for the CME coordinators involved with each department’s series to help ensure they understood ACCME requirements. We then began auditing sessions to ensure that disclosure did occur. In addition, we decided we needed to sample more sessions from all series considering the problems noted with Criteria 7-10. We also revised the evaluation form used.

ABC’s Monitoring – Year 1

ABC utilized the same construct for a monitoring system in Year 1. The materials staff and CME Committee members reviewed, as part of the monitoring system included the RSS CME Application, which was supported by (1) planning meeting minutes; (2) letters to faculty; (3) flyers; (4) written agreements for commercial support; (5) evaluation tools; (6) moderator notes; and (7) other evidence that disclosure occurred, if disclosure was not done verbally (slide copies; syllabus materials, etc).

RSS Series Monitoring Analysis – Year 1	Name of Series and # of Sessions sampled	C 2	C 3	C 4	C 5	C 6	C 11	
	Tumor Board (4)		Y		Y			
	M & M Conference (4)	Y	Y	Y	Y	Y		
	Surgery Grand Rounds (4)	Y	Y	Y		Y		
	Internal Medicine Grand Rounds (6)	Y			Y			
	Pediatric Grand Rounds (4)	Y	Y	Y			Y	
	Psychiatry Grand Rounds (4)	Y	Y	Y		N	Y	
Cardiac Cath Conference (4)								

RSS Series Monitoring Analysis – Year 1	Name of Series and # of Sessions sampled	C7	C8	C9	C10
	Tumor Board (4)	Y	Y		Y
	M & M Conference (4)				Y
	Surgery Grand Rounds (4)	Y	Y		Y
	Internal Medicine Grand Rounds (6)	Y	N		Y
	Pediatric Grand Rounds (4)	N			
	Psychiatry Grand Rounds (4)	N	Y		
	Cardiac Cath Conference (4)	Y	Y		Y

CONCLUSIONS – REGARDING YEAR ONE RSS’:

We were pleased to see that these changes resulted in considerable improvements. The sporadic problems that did occur were handled by the CME Committee chair and series department. Disclosure problems were detected from observation. Disclosure was occurring, but not properly. The moderators in two series were only announcing the name of the faculty member who disclosed a relationship. The type of relationship and the name of the company were not announced.

IMPROVEMENTS MADE AFTER YEAR ONE:

We developed a script for moderators to use that included exactly what needed to be disclosed to the audience and the CME coordinator from each department is responsible for ensuring that the CME department receives a copy of the script. It was noted that most problems with obtaining compliance had been addressed. Multiple needs data sources for each RSS were expected to be submitted with each application. The CME Manager worked with each department to decide which series focused on physician performance or patient health status changes so that objectives and evaluations could be structured accordingly. Each series flyer was approved by the CME Manager to ensure that the objectives clearly articulated the physician performance or health status change that should be impacted as a result of the activity.

ABC’s Monitoring – Year 2

RSS Series Monitoring Analysis – Year 2	Name of Series and # of Sessions sampled	C 2	C 3	C 4	C 5	C 6	C 11
	Tumor Board (2)	Y		Y		Y	Y
	M & M Conference (2)		Y		Y		
	Surgery Grand Rounds (2)						
	Internal Medicine Grand Rounds (2)		Y	Y		Y	Y
	Pediatric Grand Rounds (2)			Y		Y	
	Psychiatry Grand Rounds (2)		Y		Y		
	Cardiac Cath Conference (2)						

RSS Series Monitoring Analysis – Year 2	Name of Series and # of Sessions sampled	C7	C8	C9	C10
	Tumor Board (2)	Y			Y
	M & M Conference (2)	Y	Y		Y
	Surgery Grand Rounds (2)	Y			Y
	Internal Medicine Grand Rounds (2)				
	Pediatric Grand Rounds (2)	Y	Y		Y
	Psychiatry Grand Rounds (2)	Y			
	Cardiac Cath Conference (2)		Y		

CONCLUSIONS – REGARDING YEAR TWO RSS:

We were very excited to see that our monitoring system revealed we had met the Criteria throughout our RSS activities. Our efforts to ensure we met expectations resulted in much success. Our training for CME coordinators continues, which we believe has contributed to meeting the Criteria for all RSS (Criterion 14).

PLANNED IMPROVEMENTS FOR YEAR 3:

We plan to add training sessions for physicians involved in the planning and presentation of RSS. We have noticed some turnover in the group of physicians who normally are involved so we think it is prudent to provide for training for new and experienced physicians involved in our CME program. We plan to maintain our observations to help ensure that our scripts for moderators are being used consistently and that there are no problems with disclosure (Criterion 14).

LEARNER PARTICIPATION:

Verification of physician participation is maintained in a database. When a physician attends an RSS session, he/she completes an evaluation form that asks for the physician's name. When the evaluation forms are submitted to the CME office, a CME coordinator enters the name of the physician into the record of the CME activity. If a physician needed the CME office to verify participation, we could run a report that would include the physician's name, activity title, date of activity, and hours of participation.

COMMERCIAL SUPPORTERS OF ABC MEDICAL SCHOOL'S RSS' – ALL YEARS

Pediatric Grand Rounds

ABC Pharmaceuticals
National Drug Company

Internal Medicine Grand Rounds

XYZ Pharmaceutical Company

Surgery Grand Rounds

Best Devices, Inc.
Universal Instrument Company
New Tomorrow Catheter Company

OB-GYN Grand Rounds

ABC Pharmaceuticals
National Drug Company

Tumor Board, Psychiatry Grand Rounds, Cardiac Cath Conference

No commercial support

EXAMPLE #3

East Medical School's Monitoring System Report

East Medical School's Monitoring System assesses the extent to which ACCME's Criteria are met within its RSS program. ACCME's Criteria are used as the reference. East Medical School has used several of ACCME's surveyor tools to help make this assessment.

Our Process

On a yearly basis, a CME staff retreat is held. As part of the retreat, staff reviews files to ensure compliance with ACCME Criteria and Policies. For RSS, staff reviews 10-25% of session files for each of our 15 series. Because the retreat is held annually, we are able to review each year of our term. Of the 15 series, 13 are held weekly (50 sessions) and two are held monthly (10 sessions). The CME director and two CME coordinators complete ACCME's Documentation Review Forms for CME Activities as we reviewed the files.

For the past three years (all years that are included in the current accreditation review) this file review demonstrated that our RSS met ACCME's Criteria 2-11.

We believe our files demonstrate that our RSS meet ACCME's expectations because of the rigorous application process used to approve RSS. East Medical School requires each department or area in the hospital that would like to offer a RSS to submit an RSS CME application form to the CME department. The CME Director reviews each application to ensure compliance with all ACCME Criteria. The application asks applicants to identify:

- The target audience for the activity.
- The learners' professional practice gap the activity will address (documentation required) (C2).
- If the need, based on the gap, is a need in knowledge, competence, or performance (C2).
- How the activity matches the learners' scope of practice (C4).
- Desired results of activity (only options are changes in competence, performance, or patient outcomes). (C3, C5)
- Objectives of activity
- Format of activity and how the format supports the objectives and desired results (C5).
- Description of how changes in learner's competence, performance, or changes in patient outcomes will be evaluated (C11).
- Proposed Faculty
- An ACGME/ABMS or IOM competency that is associated with the activity content (C6).
- Plans for seeking commercial support.
- How the activity promotes improvements in healthcare (C10).

The CME director tentatively approves an application if the information provided describes practices that would demonstrate the extent to which the department would meet ACCME Criteria of the ACCME. The CME director sends a packet of materials, including instructions on implementing mechanisms to identify and resolve conflicts of interest, to the department or area offering the RSS. The department can send out

faculty invitations and confirmation letters, but disclosure forms are returned to the CME department.

Once the CME department receives a disclosure form from RSS planners and faculty, a CME coordinator reviews the form to see if the planner or faculty member disclosed any relevant financial relationships. If any relevant financial relationships are disclosed, the CME director contacts the department offering the RSS to inform them of the need to implement a mechanism to resolve the conflict of interest. Depending on the nature of the conflict, the content of the CME activity and East Medical School's experience with the planner or faculty member, an appropriate mechanism is implemented. In the past, East Medical School uses the following mechanisms to resolve possible conflict of interests in its RSS activities:

1. Letters informing planners and faculty of expectations regarding any recommendations regarding patient care (planners and faculty must agree to abide by these expectations)
2. Letters informing planners and faculty of the need to disclose the level of evidence behind the recommendations given (planners and faculty must agree to abide by this expectation)
3. Review of outlines of presentations
4. Review of slide copies (faculty must make changes if problems are detected)
5. Recusal of planner from activity
6. Removal of faculty from position in activity

In most instances, #1 and #2 were used with success. There have only been a few occurrences when it was decided #3 or #4 was necessary. Only one faculty member was removed from an RSS activity.

The department or area is then required to submit promotional materials to the CME department for review and approval. This process enables the CME department to check for communication of purpose or objectives, use of accreditation statement, and acknowledgement of commercial support (if this is known at the time of printing the piece). The CME department works to make adjustments to the promotional pieces, if necessary.

Planning sheets are required to be submitted on an ongoing basis to the CME department so that the CME director can ensure that all decisions are made free of the control of a commercial interest, compliance with ACCME's content validation value statements, and that the content promotes improvements in healthcare.

The CME department works to secure written agreements if there is commercial support. The written agreements are maintained in the CME office.

A CME coordinator assists each department or area in developing a participant evaluation form so that changes in physician competence are assessed. The form includes disclosure of relevant financial relationships. The form is handed out at the beginning of the session.

Moderator notes are given to the moderator of each RSS session that script the announcements that must be made. It is the practice of East Medical School to disclose relevant financial relationships both verbally and in writing.

Evaluation forms, signed moderator sheets, attendance rosters, and handouts are turned into the CME office no later than 48 hours after a RSS session. As soon as it is available, a copy of the RSS session income and expense statement is sent to the CME department. Attendance, based on the rosters, is entered into the CME department's activity database that allows East Medical School to verify physician participation. An attendance form can be generated as evidence of attendance, if needed.

The database East Medical School uses also allows us to track the content areas of our RSS and other types of activities. This has been helpful to us in the evaluation of the extent to which we have met our CME mission.

Once all documentation is present, the RSS session folder is considered complete. All folders are maintained in the CME department.

Improvements

One area we plan to improve upon is the opportunity for departments to demonstrate that they go beyond meeting the ACCME's Criteria 2-11 and actually support our CME program's success at meeting Criteria 16-22, Criteria for Accreditation with Commendation. We recognized during the review process that our application and monitoring process do not offer good opportunities for us to demonstrate how certain RSS would support Criteria 16-22. We plan on modifying our application and creating a system to allow us to track RSS that we think address these Criteria by integrating CME into the process for improving professional practice (Criteria 16), utilize non-education strategies (C17), identifying factors outside our control that impact on patient outcomes (Criteria 18), remove, overcome or address learning barriers (Criteria 19), and/or are examples of our institution participating within an organizational quality improvement process (Criteria 21).