



**A SYSTEM FOR
ACCREDITATION OF
PROVIDERS OF CONTINUING
MEDICAL EDUCATION AND
RECOGNITION OF STATE OR
TERRITORIAL
ORGANIZATIONS AS
ACCREDITORS OF CME
PROVIDERS**

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**A SYSTEM FOR ACCREDITATION OF PROVIDERS OF
CONTINUING MEDICAL EDUCATION AND RECOGNITION OF
STATE OR TERRITORIAL ORGANIZATIONS AS ACCREDITORS
OF CME PROVIDERS**

GENERAL

PURPOSES OF ACCREDITATION

The major purposes of accreditation are to ensure quality and integrity of accredited providers by

- Establishing criteria for evaluation of educational programs and their activities,
- Assessing whether accredited organizations meet and maintain standards,
- Promoting organizational self-assessment and improvement, and
- Recognizing excellence.

**THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME)
MISSION STATEMENT**

The **ACCME's Mission** is the identification, development, and promotion of standards for quality continuing medical education (CME) utilized by physicians in their maintenance of competence and incorporation of new knowledge to improve quality medical care for patients and their communities.

The **ACCME** fulfills its mission through a voluntary self-regulated system for accrediting CME providers and a peer-review process responsive to changes in medical education and the health care delivery system.

RESPONSIBILITIES

The primary responsibilities of the ACCME are to

- Set and administer standards and criteria for providers of quality CME for physicians and related professionals,
- Certify that accredited providers are capable of meeting the requirements of the Essential Areas,
- Relate CME to medical care and the continuum of medical education,
- Evaluate the effectiveness of its policies,
- Assist providers in continually improving their programs, and thereby
- Assure physicians, the public, and the CME community that CME programs meet the ACCME's criteria for compliance with the Essential Areas.

ACCREDITATION STATUS AVAILABLE WITHIN THE ACCME SYSTEM

Status	Term
Accreditation with Commendation	Six years
Accreditation	Four Years
Provisional Accreditation (For Initial Accreditation Only)	Two years
Probation	Two years maximum with full accreditation status resumed when progress report on correction of deficiencies received, validated, and accepted by the ACCME
Nonaccreditation	Accreditation withdrawn or withheld for noncompliance

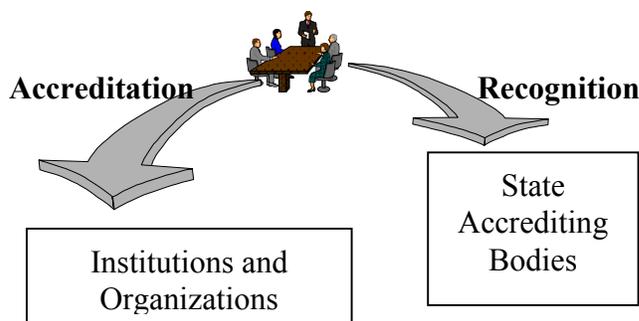
THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION

GENERAL

The ACCME conducts a voluntary accreditation program for institutions and organizations providing continuing medical education (CME). By evaluating and granting accreditation to an institution or organization whose CME program complies with the ACCME's Essential Areas and policies, the ACCME seeks to improve the quality of CME and to assist physicians in identifying CME programs which meet these standards.

The ACCME establishes its direction from the organizations or constituencies that are its members who have a professional interest in the **competence of physicians** or the **competence of the CME providers**.

FUNCTIONS AND OVERSIGHT

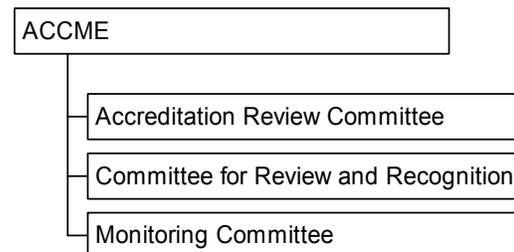


The ACCME provides the direct **accreditation** of CME providers whose programs of CME attract a national audience (more than 30% of participants in the overall program come from beyond the state/territory or contiguous states/territories).

The ACCME, through its **recognition** process, recognizes state or territorial medical societies to accredit CME

providers whose target audience is restricted to that state/territory and contiguous states/territories.

These functions are managed on behalf of the ACCME by the **Accreditation Review Committee (ARC - accreditation)** and the **Committee for Review and Recognition (CRR - recognition)**, with ACCME staff support and ACCME oversight. The Accreditation Review Committee (ARC) collects, reviews, and analyzes data from multiple sources about compliance with ACCME Essential Areas and policies; notes program improvements; and makes a recommendation to the ACCME for their final decision about accreditation of an applicant/provider. The Committee for Review and Recognition (CRR) makes the determination of compliance about recognition on behalf of the ACCME. To be recognized by the ACCME, a state medical society (SMS) must meet the requirements for recognition as determined by the ACCME. ACCME/CRR surveyors are tasked with collecting the data required by ACCME to make a recognition decision. CRR has the responsibility of collating and interpreting the information and arriving at a criterion-referenced recognition decision.



All providers within the ACCME system will be judged against the same standard. Accreditation decisions made by ACCME and those made by SMSs will be made using the same basic requirements as described in this document.

To ensure quality and consistency in the accreditation system (accreditation and recognition), the Monitoring Committee will measure the success of the accreditation system through its assessment of compliance on the part of the providers during their accreditation.

ADOPTED BY ACCME JULY 1998, RATIFIED BY ACCME MEMBER ORGANIZATIONS JANUARY 1999.

The ACCME will review the ACCME's Essential Areas and policies on a continuing basis and will modify them as data and experience dictate.

DEFINITION OF CONTINUING MEDICAL EDUCATION

Continuing medical education consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

Providers can develop activities on their own (directly sponsored) or in collaboration with non-accredited providers (jointly sponsored). The use of the appropriate ACCME accreditation statement will indicate the relationships of the providers involved and which provider is accountable to the ACCME for the content, quality and scientific integrity of the activity.

ELIGIBILITY FOR ACCREDITATION

Institutions and organizations located in the United States and its Territories and developing and/or presenting a program of CME for physicians on a **regular and recurring** basis will be considered for eligibility to apply for accreditation by the ACCME system, either directly by the ACCME or through a recognized state accrediting body. An organization is not eligible to apply for accreditation if, in the judgment of the ACCME, its program is devoted to advocacy on unscientific modalities of diagnosis or therapy. The ACCME system reserves the right to make decisions on eligibility for accreditation. Where there is a question of eligibility, the applicant will be referred to the ACCME who will make a decision on the eligibility of the applicant.

The ACCME is the body that accredits the following institutions for the provision of CME (when and if they choose to seek accreditation)

- State medical societies,
- Liaison Committee for Medical Education (LCME)-accredited schools of medicine,
- National physician membership organizations
- National medical specialty societies and
- Certain other eligible institutions and organizations, as determined by ACCME in collaboration with the applicable state accrediting body, whose programs of CME serve physician learners, more than 30% of whom are from beyond the home or contiguous state(s) of the provider.

The ACCME does not accredit individual CME activities, but does accredit institutions or organizations based on their implemented overall program of CME. The overall program consists, at least in part, of one or more educational activities that have been developed in accordance with the Essential Areas and policies and are available for review by ACCME.

ACCME'S APPROACH TO ACCREDITATION

The ACCME system (ACCME and the recognized SMSs) collects, reviews, and analyzes data for three Essential Areas: Purpose and Mission (Purpose), Educational Planning and Evaluation (Process and Assessment), and Administration (Structure).

- The **Purpose and Mission Area** describes *why* the organization is providing CME.
- The **Planning and Evaluation Area** explains *how* the organization provides CME activities and how well the organization is accomplishing its purpose in providing CME activities.
- The **Administration Area** defines *what* the organizational support and protocol are for the CME unit.

Within each Essential Area are required Elements for which decision-making Criteria have been established.

- The **Elements** are descriptors of performance in the Essential Area.
- The **Criteria** describe the levels of performance and/or accomplishment for each Element.

To make accreditation decisions, the ACCME and the recognized SMSs will review the data collected for the three Essential Areas to determine if the provider is in compliance with a basic level of performance. This process is repeated at the end of every term for accredited providers and more frequently where monitoring suggests possible areas for improvement.

THE ESSENTIAL AREAS AND THEIR ELEMENTS

The ACCME recognizes that the professional responsibility of physicians requires continuous learning throughout their careers, appropriate to the individual physician's needs. The ACCME also recognizes that physicians are responsible for choosing their CME activities in accordance with their perceived and documented needs, individual learning styles, and practice setting requirements and for evaluating their own learning achievements. The Essential Areas and policies, therefore, are designed to encourage providers to consider the needs and interests of potential physician participants in planning their CME activities and to encourage the physicians to assume active roles in the planning process.

In the Essential Areas and policies the ACCME has identified certain Elements of structure, method and organization which contribute to the development of effective continuing medical education. The Essential Areas and policies are the requirements which a provider must meet for accreditation. They provide a valuable resource for physicians planning their own CME and for providers designing CME activities and programs.

ESSENTIAL AREA 1: PURPOSE AND MISSION

The provider must,

Elements	1.1	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.
	1.2	Demonstrate how the CME mission is congruent with and supported by the mission of the parent organization, if a parent organization exists.

ESSENTIAL AREA 2: EDUCATIONAL PLANNING AND EVALUATION

The provider must,

Elements	2.1	Use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities.
	2.2	Use needs assessment data to plan CME activities.
	2.3	Communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.
	2.4	Evaluate the effectiveness of its CME activities in meeting identified educational needs.
	2.5	Evaluate the effectiveness of its overall CME program and make improvements to the program.

ESSENTIAL AREA 3: ADMINISTRATION

The provider must,

Elements	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
	3.2	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.
	3.3	Present CME activities in compliance with the ACCME’s policies for disclosure and commercial support.

CRITERIA

Measurement criteria have been developed for each *Element* in the *Essential Areas* to measure whether the accredited provider meets the basic level of accreditation. **A provider's documentation of the measurement criteria will be the ACCME's primary source of information for determining compliance with the Elements.**

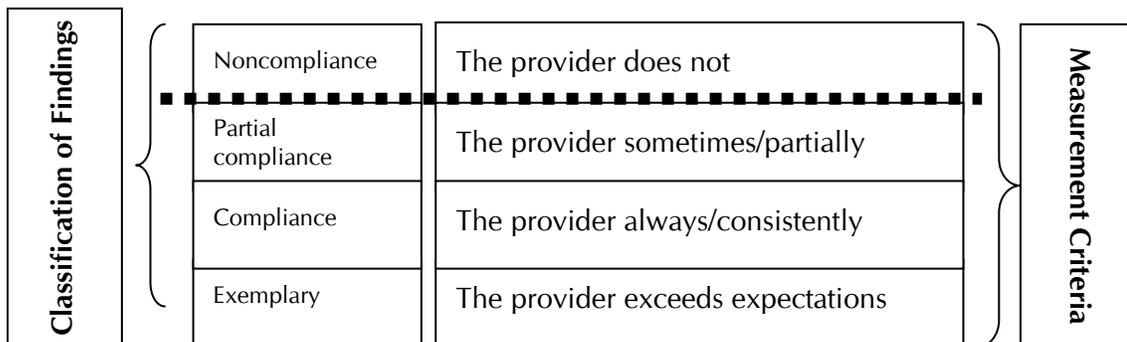
The following classification of compliance will be used

- Noncompliance
- Partial compliance
- Compliance
- Exemplary Compliance

ACCME's Criterion-Referenced Approach to Accreditation

Essential Area X

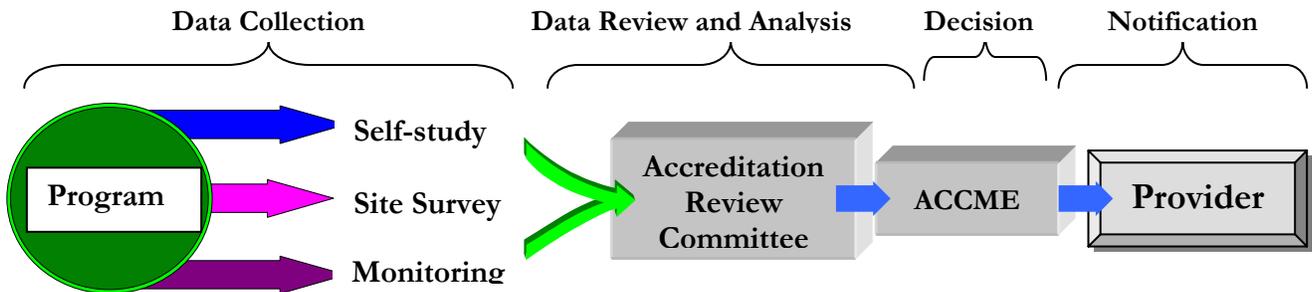
Element x.y: In the course of provision of CME, the provider will...



THE ACCREDITATION PROCESS: HOW THE ACCME DIRECTLY ACCREDITS PROVIDERS

ACCME'S PROCESS OF ACCREDITATION

The process of accreditation and reaccreditation is data-driven and uses multiple data sources. It involves four phases: data collection, data review and analysis, decision, and notification of the provider.



DATA COLLECTION

The applicant/provider is responsible for providing descriptive data about its CME program. The ACCME is responsible for receiving, clarifying, and analyzing the data provided so that valid inferences and reliable decisions can be made based on accurate and complete information. Three data sources will be used by the ACCME to accomplish its purposes and responsibilities. These include:

1. Application/Self-study allows ACCME to document accomplishments and improvements.
2. Site Survey
 - a) Organizational Review allows ACCME to determine responsibility for the CME program.
 - b) Document Review allows ACCME to assure appropriate documentation.
 - c) Activity Review allows ACCME to review application of the Essential Areas.
3. Annual/Interval Monitoring Report allows ACCME to note changes in the program.

Initial Accreditation

1. Review of potential applicant's qualifications, experience, and appropriateness will occur when initial inquiry is received.
2. Applicant will be asked to complete an application.
3. Application will be reviewed/screened to determine completeness of application.
4. Opportunities for additional data collection through survey and activity review will be arranged.
5. For applicants that are already state accredited, continued ability to joint sponsor during provisional accreditation will be assessed.

Reaccreditation

1. At an appropriate time prior to the end of the accreditation period, the provider will be notified of a need to submit self-study to the ACCME.
2. Six months prior to the end of the accreditation period, the provider will submit the self-study to the ACCME and data collection opportunities will be arranged.

For Initial Accreditation and Reaccreditation, the ARC site surveyors will review the Application or Self-study data prior to the site visit. During the site survey, the surveyors will have as their goal to ensure that the ARC has complete and accurate data on all Elements of the Essential Areas and policies that can be accessed through the organizational and document reviews. In Reaccreditation, Annual Reporting/Monitoring data and Activity data will be available for review by the ACCME.

DATA REVIEW AND ANALYSIS

All data collected from the application/self-study, annual reporting/monitoring summaries, and the site visit (organization, document and activity reviews) will be reviewed and analyzed by the ARC to make a recommendation to the ACCME for a final decision. To make the recommendation, the ARC will review compliance with each Element in the three Essential Areas.

Criteria for Selection of an Accreditation Status

1. To achieve provisional accreditation, the applicant must be found in partial compliance or better in all Elements.
2. For accredited providers seeking full accreditation from provisional or reaccreditation from full accreditation, noncompliance with any element will result in the requirement for a progress report¹ and/or focused or full survey. Failure to demonstrate compliance in the progress report may result in Probation.
3. For accredited providers seeking full accreditation from probation, noncompliance with any one of the Elements will be cause for nonaccreditation.

MAKING ACCREDITATION DECISIONS

The ARC will review data from the three sources and make a recommendation to the ACCME.

The ACCME will make the final decision about accreditation based on its careful review of the ARC recommendation.

A decision could be one of five options: Accreditation with Commendation, Accreditation, Provisional Accreditation, Probation, or Nonaccreditation, and will be criterion referenced (based on predetermined criteria).

NOTIFICATION OF THE PROVIDER

Within four weeks of the ACCME decision on an accreditation application, the ACCME will send a letter of notification of action to the applicant/accredited provider. The letter will include the following:

- Decision of the ACCME regarding status of the provider,
- Areas where provider exceeds compliance,
- Areas of noncompliance or partial compliance, and
- Requirements for follow-up in areas where change or improvement is necessary.

¹ Requirements for follow-up on areas where change or improvement is necessary. The Council may ask for a written submission during the period of accreditation that describes the progress that the accredited provider has made in changing its program so that marginal or noncompliant practices improve. This structured, written submission is called a **Progress Report**.

ACCREDITATION FOLLOW-UP

THE PROGRESS REPORT

Goal

The goal of the Progress Report is to communicate information about the changes accomplished by the accredited provider to validate its compliance with the Essential Areas and Elements that were perceived in partial compliance or noncompliance during the most recent accreditation review.

Format

This structured report will include the following:

- Listing of the Essential Areas and Elements that were partial or in noncompliance on the last review.
- Indication of changes made to correct or improve the Essential Areas, Elements, or Standards.
- Documentation providing evidence that changes have been made.

The Progress Report will be reviewed by ARC, which will formulate a decision recommendation that will be forwarded to the ACCME for a decision.

Decision Criteria

The same criteria for each Element in the Essential Areas will be used to assess the progress reports.

Decision Options

The Accreditation Council has the following options:

Accept: If the Progress Report is accepted, the provider has corrected the elements that were partial or in noncompliance.

Clarification Required: If the Progress Report requires clarification, the provider has corrected most of the elements that were partial or in noncompliance, but some additional information is required to be certain the provider is in compliance. An additional Progress Report may be required.

Reject: If the Progress Report is rejected, the provider has not corrected the elements that were partial or in noncompliance. Either a second report or a focused accreditation survey may be required. The ACCME will retain the right to place a provider on probation or nonaccreditation as the result of findings on a Progress Report.

THE FOCUSED ACCREDITATION SURVEY

Purpose

To collect data about a specific problem that has been reported or has not been corrected as a result of the Progress Report.

Format

A trained surveyor, who has been briefed about the condition that needs to be reviewed, will conduct a one-day visit. The problem will be reviewed with the provider and the provider will have an opportunity to present evidence that the condition has been changed/corrected and that the provider is now in compliance or has a plan to reach compliance. The surveyor will conclude the visit with a summary of what was learned to be sure that the provider's position can be reported accurately to the ACCME.

Decision Criteria

Same as Accreditation. Findings are reported in the context of "exceptional compliance" through "not in compliance."

Decision Options

Same as Accreditation. A provider can have its accreditation status changed to probation as a result of a focused survey.

ATTACHMENT 1: DECISION-MAKING CRITERIA RELEVANT TO THE ESSENTIAL AREAS

For each **Element** in the three **Essential Areas**, **Criteria** have been established to determine whether the provider is in noncompliance, partial compliance, compliance, or performing with exemplary compliance. The Criteria for each Element are listed below. The findings are a continuum between noncompliance and exemplary compliance. The finding of exemplary compliance confirms that the provider meets and exceeds compliance for the Element.

ESSENTIAL AREA 1 – PURPOSE AND MISSION

	Element	1.1 The provider must 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.
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Criteria	Noncompliance	Has no mission statement.
	Partial Compliance	Has a mission statement, but omits one or more of the basic components.
	Compliance	Has a mission statement that includes all of the basic components.
	Exemplary Compliance	Has a mission statement that includes all of the basic components with a strong emphasis on assessment of results.

	Element	1.2 The provider must demonstrate how the CME mission is congruent with and supported by the mission of the parent organization, if a parent organization exists.
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Criteria	Noncompliance	CME not mentioned in the parent organization mission statement and no support provided.
	Partial Compliance	CME mentioned in the parent organization mission statement but no support provided, <u>or</u> CME not mentioned in the parent organization mission statement but support provided.
	Compliance	CME mentioned in the parent organization mission statement and supported with financial, facility, and human resources; or a CME mission statement reviewed and approved by the governing body of the parent organization on a regular basis.
	Exemplary Compliance	CME mentioned in the parent organization mission statement and supported with financial, facility, <u>and</u> human resources, plus promotion of the function; and a CME mission statement that is reviewed, evaluated, and approved by the governing body of the parent organization on a regular basis.

ESSENTIAL AREA 2 – EDUCATIONAL PLANNING AND EVALUATION

Element		2.1 The provider must use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities.
Criteria	Noncompliance	Planning process(es) not used
	Partial Compliance	Planning process(es) used inconsistently or does not reflect a link between identified educational needs and desired result.
	Compliance	Planning process(es) used consistently that link(s) identified educational needs and desired result.
	Exemplary Compliance	Innovative and creative planning process(es) used consistently, with documentation that identified educational needs contribute to appropriate methodology and desired results for the offered activities.
Element		2.2 The provider must use needs assessment data to plan CME activities.
Criteria	Noncompliance	Needs assessment data are not used.
	Partial Compliance	Needs assessment data are inconsistently used.
	Compliance	Needs assessment data are consistently used.
	Exemplary Compliance	Needs assessment data from multiple sources are consistently used to plan and evaluate activities.
Element		2.3 The provider must communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.
Criteria	Noncompliance	Purpose or objectives of the activity are not communicated to the learner.
	Partial Compliance	Purpose or objectives of the activity are inconsistently communicated to the learner.
	Compliance	Purpose or objectives of the activity are consistently communicated to the learner.
	Exemplary Compliance	Purpose or objectives of the activity describe learning outcomes in terms of physician performance or patient health and are consistently communicated to the learner.

Element		2.4 The provider must evaluate the effectiveness of its CME activities in meeting identified educational needs.
Criteria	Noncompliance	Educational activities are not evaluated.
	Partial Compliance	Educational activities are evaluated inconsistently and/or documentation is inconsistent.
	Compliance	Educational activities are evaluated consistently for effectiveness in meeting identified educational needs, as measured by satisfaction, knowledge, or skills.
	Exemplary Compliance	Educational activities are evaluated consistently for effectiveness in meeting identified educational needs, as measured by practice application and/or health status improvement.

Element		2.5 The provider must evaluate the effectiveness of its overall CME program and make improvements to the program.
Criteria	Noncompliance	No mechanism in place to measure the program's effectiveness or make improvements.
	Partial Compliance	Mechanism in place to measure the effectiveness of the program, but no documentation exists that the mechanism has been used or any changes have resulted from the process.
	Compliance	Mechanism in place to measure the effectiveness of the program, with evidence that improvements have been made.
	Exemplary Compliance	Innovative and creative mechanism(s) in place to measure the effectiveness of the program with evidence of improvements being made on a regular basis.

ESSENTIAL AREA 3 – ADMINISTRATION

Element		3.1 The provider must 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.
Criteria	Noncompliance	Organizational framework does not exist for the CME unit.
	Partial Compliance	Organizational framework does exist for the CME unit but not all components of the Element (resources and support) are present.
	Compliance	Organizational framework for the CME unit exists and all the components of the Element (resources and support) are present.
	Exemplary Compliance	Organizational framework for the CME unit exists, all components of the Element (resources and support) are present including a process to review and continually improve the organizational framework.
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.
Criteria	Noncompliance	Business and management policies and procedures (as they relate to human resources, financial affairs and legal obligations) are not in place or the provider does not meet its obligations and commitments under these policies and procedures.
	Partial Compliance	Not Available Option ²
	Compliance	Business and management policies and procedures (as they relate to human resources, financial affairs and legal obligations) are in place and are used by CME administration to meet its obligations and commitments. ³
	Exemplary Compliance	Innovative and creative business and management policies and procedures (as they relate to human resources, financial affairs and legal obligations) are in place to assist the CME administration in meeting its obligations and commitments. ²

² Modified by Council Action, 2001-A-19

³ The ACCME accreditation process shall not attempt , or attest, to measuring or determining compliance with or actual performance in practice of the management policies or procedures. (Council Action, 2001-A-19)

Element		3.3 The provider must present CME activities in compliance with ACCME’s policies for disclosure and commercial support.
Criteria	Noncompliance	<p>Provider</p> <ul style="list-style-type: none"> ▪ Does <u>not</u> disclose required information and relationships¹, or ▪ Does <u>not</u> maintain control of content², or ▪ Does <u>not</u> separate promotion from education³, or ▪ Does <u>not</u> have oversight of funds⁴.
	Partial Compliance	Not Available Option
	Compliance	<p>Provider</p> <ul style="list-style-type: none"> ▪ Consistently discloses required information and relationships; and ▪ Consistently in control of content; and ▪ Consistently ensures that promotion and education are separate; and ▪ Consistently demonstrates appropriate management of funds from commercial supporters.
	Exemplary Compliance	Provider is compliant with <u>all</u> aspects of ACCME’s policies on disclosure and commercial support and has implemented a range of innovative and creative practices.

¹ Recipient of funds from proprietary entity; investigational products or products not labeled for use disclosed; existence of significant financial interest or relationship of faculty or provider with manufacturer or commercial product disclosed; relationship(s) of faculty with commercial support of the activity.

² Activities free from commercial bias; educational materials do not advance propriety interests of supporting company; mention of multiple companies’ trade names, if applicable; research reported of a proprietary company conforms to accepted practices of experimental design, data collection, and analysis.

³ Exhibits do not interfere with CME activity presentations; exhibit placement is not a condition of support; exhibits are not displayed in the same room as the educational activity; proprietary company representatives do not engage in sales activities where the educational activity occurs.

⁴ Funds received are in an educational grant payable to the accredited provider; terms, conditions, and purposes of the educational grant are documented in a signed agreement between the provider and the supporter; honoraria and expenses for faculty are reasonable; no other funds are paid by the proprietary company to the director of the activity, faculty, or others involved with the supported activity.

ATTACHMENT 2: THE DATA SOURCES

	Goals	Objectives	Format
APPLICATION / SELF-STUDY	The application/self-study is the foundation for the accreditation process. The goals of the application/self-study are to provide an opportunity for the applicant or accredited provider to assess its commitment to and role in providing CME, analyze its past practices, identify areas for improvement, and determine its future direction.	<ul style="list-style-type: none"> Analyze data collected about what, why, and how the CME program and its products and services are utilized, Assess how well they are performing, and Identify changes and improvements to be implemented to be a successful provider in the future. 	How the self-study is accomplished is the responsibility of the provider. The report should address the goals and objectives noted earlier and the Essential Areas and Elements. A “Guide for the Self-study” with key questions for review and study by the provider will be available. The “Guide” will assist the provider in assessing its program thoroughly and preparing a report for use by the ACCME in its decision for reaccreditation.

	Goals	Objectives	Format
SITE SURVEY	The goals of the site survey are to gather data about administration, documentation, and practice; if appropriate, to verify and clarify compliance with the Elements in all Essential Areas and to recognize excellence whenever present.	<ul style="list-style-type: none"> To give <u>the providers</u> the opportunity to clarify the information supplied in the application/self-study and demonstrate the adequacy of their administrative support and resources, which are in place to support the CME unit. To give <u>the ACCME</u> the opportunity to audit documentation, ensure that any specific documentation required by the ACCME is present, and ensure that they have sufficient information about the provider and/or the applicant’s educational program with which to formulate a report to the ACCME. 	The format involves interviews between the representatives of the CME organization and the ACCME surveyors. The opportunity for document and activity (optional) review will exist. Components of the site survey generally include the following <ul style="list-style-type: none"> Introductory Session Meeting(s) with CME Principals/Administration /Physician CME Leadership Document Review Activity Review, when possible Exit Interview Tour of facilities

	Goals	Objectives	Format
DOCUMENT REVIEW (Part of the Site Survey)	The goal of the document review is to gather data about compliance with accreditation Essential Areas and Elements by accredited providers.	<ul style="list-style-type: none"> Determine whether there is documentation to support that activities have been planned, presented, and evaluated in compliance with the Essential Areas and Elements, and in the manner that the provider has represented its CME practices; Assess that specific documentation that is required by ACCME policy is present. 	The ACCME will select a list of the activities on which a document review will be based. The providers will be notified to have the activity files available during the site visit. The provider also may be requested to have other documentation of compliance with ACCME policy available during the site visit.

	Goals	Objectives	Format
ACTIVITY REVIEW <small>(May be part of the Site Survey)</small>	The goal of the activity review of an applicant/accredited provider is to gather data about the <u>application</u> of the Elements in all Essential Areas that can only be measured through the direct observation of an activity. This will allow the applicant/provider to demonstrate performance in practice.	<ul style="list-style-type: none"> • Document compliance with those criteria of the ACCME Essential Areas and Elements that can only be measured by the observance of a live activity. • Get clarification from the applicant/accredited provider on questions that might arise as a result of observing the activity. 	<p>Normally the Activity Review is conducted at the same time as the site visit, but may be scheduled at an independent time from the site visit, if necessary. The process of the Activity Review includes</p> <ul style="list-style-type: none"> • Direct observation of a live activity and its components, • Interview with staff of the applicant/accredited provider as required, • Completion of an Activity Review Form by the ACCME Surveyor.

	Goals	Objectives	Format
ANNUAL REPORTING AND MONITORING	The goal of the annual reporting and monitoring process is to gather data about the changes within an accredited provider's program and within the population of accredited providers.	<ul style="list-style-type: none"> • Provide an opportunity for providers to report on progress of changes and improvements in their programs • Collect standardized data about the products, services, and processes of all accredited providers. In addition • Receive feedback on the issues of accreditation that should be reviewed and improved. 	Information will be exchanged through an annual <i>questionnaire</i> that can be completed and delivered on paper or electronically. Individual provider data will be maintained in a confidential manner. Information collected about an organization during the complaint and inquiry process will also be included.

**ATTACHMENT 3: THE RECOGNITION PROCESS: HOW THE ACCME RECOGNIZES
STATE MEDICAL SOCIETIES**

The ACCME review process recognizes state/territorial medical societies' accreditation programs (which accredit CME providers whose target audience is mainly restricted to that state/territory and contiguous states/territories) that are compliant with the Elements incorporated in the ACCME Recognition Essential Areas.

To maintain a uniform standard of practice for CME providers, the ACCME has established a *Protocol* that can be applied to a state or territorial organization that wishes to accredit regional CME providers, under the umbrella of ACCME's **recognition**. The providers accredited by these *recognized* organizations must, in turn, practice CME according to ACCME's *Essential Areas*, *Elements*, and *applicable policies*.

The ACCME has extracted the following from the *Protocol for the Recognition of State Medical Societies as Accreditors of CME Providers* and established them as the fundamental framework on which recognition decisions will be based.

1. Essential Areas
2. Reconsideration and Appeals
3. Accreditation Process
4. Office Process
5. Data Management

Each of these is called a *Recognition Essential Area*.

RECOGNITION INFORMATION GATHERING PROCESS

Recognition decisions are based on data derived from

1. Review of a submitted self-study (application).
2. Audit of the accreditation process (through direct observation of accreditation and review of documentation).
3. Interview of the principals of the organization.

MAKING DECISIONS ABOUT "RECOGNITION ESSENTIAL AREAS"

The ACCME has established a set of *Decision-Making Elements* for its use in making compliance decisions. The CRR can arrive at one of the following findings for each Element of a *Recognition Essential Area*.

1. Noncompliance
2. Partial compliance
3. Compliance
4. Exemplary compliance

CRITICAL ELEMENTS WITHIN THE RECOGNITION ESSENTIAL AREAS

Critical Elements as Identified by the CRR's Protocol for the...

- 1.1 "A set of Essential Areas at least as stringent as the ACCME's have been adopted."
 - 2.2 "A reconsideration and appeal process, in written form, exists."
 - 3.1 "A system is in place for the accreditation of intrastate providers of CME."
 - 4.2 "The unit or persons responsible for administering the accreditation program is/are qualified, as required by state medical society policies and procedures, to carry out the accreditation functions prescribed by the ACCME."
 - 5.1 "Documentation descriptive of the accreditation review process for each state-accredited institution/organization is maintained until the next accreditation decision."
-

Noncompliance in a *critical element* means noncompliance in that "*recognition essential area*."

Partial compliance will be a qualitative finding of the CRR based on the compliance of the SMS with all the *elements* of a "*recognition essential area*," taken as a group.

MAKING RECOGNITION DECISIONS

For the SMS seeking provisional recognition, noncompliance with any of the critical elements will result in **nonrecognition**.

For the SMS seeking rerecognition from full recognition, noncompliance with any of the critical elements will result in **probation**. The SMS placed on **probation** will be required to submit a *Progress Report* that shows the ACCME that the SMS is in compliance with the *critical elements* found to be not in compliance at a recognition review. If found to be in compliance, the recognition status will revert to **full recognition**. Failure to correct the not-in-compliance findings may result in **nonrecognition**.

TYPES OF RECOGNITION DECISIONS

Full Recognition with commendation	Six years
Full Recognition	Four years
Provisional Recognition	Two years
Probation	Two years maximum with full recognition status resumed when progress report on correction of deficiencies received, validated, and accepted by the ACCME
Withdrawal of Recognition	Recognition withdrawn for noncompliance

**ATTACHMENT 4: POLICIES AND PROCEDURES RELEVANT TO THE
ACCREDITATION PROCESS INCLUDING THOSE REFERENCED IN THE SYSTEM
DOCUMENT**

I. ELIGIBILITY FOR ACCREDITATION

- A. In order to be eligible for accreditation, the institution or organization must be located in the United States or its Territories. The ACCME limits site survey visits to the United States and U.S. Territories. (81-B-2)
- B. For intrastate accredited providers in states whose accrediting activities are no longer recognized an adjoining state will be requested to take over the accreditation and the accredited providers in the non-recognized state will be notified that they have a year to submit a new application to the adjoining state. (87-C-4)
- C. A single provider of continuing medical education may not maintain accreditation by the ACCME and a state medical society at the same time. (It is recognized that short periods of overlap may occur when a provider transitions from one accreditation system to the other and continues to be listed as accredited by both.)

When a state medical society accredited provider alters its function and seeks and achieves accreditation from the ACCME, that provider should promptly notify the respective state medical society, withdraw from its accreditation system, and ask to be deleted from its list of accredited providers of CME. Should an ACCME-accredited provider change its role and become accredited by the state medical society, a similar procedure must be followed.

Annually, the ACCME will notify state medical societies of CME providers in their states which have been awarded accreditation by the ACCME. (94-C-2)

- D. The ACCME will not deny eligibility for accreditation solely on the basis that an organization produces and/or markets a product (device, biologic or pharmaceutical as regulated by the Food and Drug Administration) or activities about a product (device, biologic or pharmaceutical as regulated by the Food and Drug Administration) as long as the activities they develop and/or present are educational and not promotional. The ACCME will consider an activity to be educational, rather than promotional, when the activity is deemed to have been, in all respects, created and presented in compliance with the ACCME's Standards for Commercial Support. (97-A-20)
- E. An organization is not eligible to apply for accreditation if, in the judgment of the ACCME, its program is devoted to advocacy of unscientific modalities of diagnosis or therapy. (81-C-5)
- F. Where there is a question of eligibility for survey, the application will be referred to the ACCME Executive Committee which will consider it and make a recommendation to the ACCME which will then vote upon the eligibility of the applicant. (81-C-6)

II. PRACTICE OF CME UNDER ACCREDITATION

A. DEFINITION OF CONTINUING MEDICAL EDUCATION

Continuing medical education 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 that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

A broad definition of CME, such as the one found above, recognizes that all continuing educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate CME for practitioners interested in providing better service to patients.

Not all continuing educational activities which physicians may engage in however, are CME. Physicians may participate in worthwhile continuing educational activities which are not related directly to their professional work, and these activities are not CME. Continuing educational activities which respond to a physician's non-professional educational need or interest, such as personal financial planning, appreciation of literature or music, or parent effectiveness, are not CME. (82-B-3)

B. DEFINITION OF A PROGRAM OF CONTINUING MEDICAL EDUCATION

Accreditation is granted on the basis of the provider's demonstrated ability to plan and implement CME activities in accordance with the Essential Areas. The provider's overall program may include occasional CME activities, that do not fully meet the standards for needs assessment, well-defined objectives, curricular design, and evaluation. These activities are part of the accredited provider's overall CME program as long as the provider exercises responsibility for these activities through its recognized CME administrative unit. The organization should identify those CME activities within its overall program which meet the Essential Areas. (94-A-21)

C. ACCREDITATION STATEMENT:

Standard statement to be used by all accredited institutions and organizations:

The (name of institution) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) (or by the State/Territory Medical Society) to provide continuing medical education for physicians. (81-D-6)

D. STATEMENT OF EDUCATIONAL CREDIT

The Accreditation Council for continuing Medical Education (ACCME) conducts a program for the accreditation of institutions and organizations offering continuing medical education, but does not conduct a program for the recognition of the continuing educational accomplishments of the individual physician. Such credentialing and qualifying activities are conducted by the many organizations and agencies which, for example, have award programs recognizing the completing of a

variety of continuing medical education experiences; mandatory continuing medical education requirements for membership, re-registration of the physician's license to practice, or recertification by specialty boards.

It is important to note that institutions and organizations are not accredited by the ACCME for the purpose of granting categorical credit, and that the requirements for such credit are maintained by the credentialing and qualifying bodies themselves. Accreditation by the ACCME does not carry with it the authorization for the institution or organization to certify credit as meeting the requirements of the credentialing and qualifying bodies. The authority of an institution or organization to certify such credit is granted by the credentialing/qualifying body in accordance with its own rules and regulations. Since different credentialing agencies have varying requirements, directors of continuing medical education, and physician participants in education programs, should be aware of the requirements of the particular credentialing or qualifying agency for which credit is being earned. The director of continuing medical education should plan to keep such records of physician attendance as may be necessary to satisfy the needs of the individual physician participant. (81-A-7)

E. PUBLICITY (ACCREDITATION)

The language of the "ACCME Press Release" may be used by providers for that purpose only.

The . . . has been (re)surveyed by the Accreditation Council for Continuing Medical Education (ACCME) and awarded accreditation for . . . years as a provider of continuing medical education for physicians.

ACCME accreditation seeks to assure both physicians and the public that continuing medical education activities provided by . . . meet the high standards of the Essentials for Accreditation as specified by the ACCME.

The ACCME rigorously evaluates the overall continuing medical education programs of institutions according to standards adopted by all seven sponsoring organizations of the ACCME. These are: the American Board of Medical Specialties; the American Hospital Association; the American Medical Association; the Association for Hospital Medical Education; the Association of American Medical Colleges; the Council of Medical Specialty Societies; and the Federation of State Medical Boards. (94-A-7)

F. JOINT SPONSORSHIP

Definition: Activity planning and presentation in partnership with non-accredited providers.

Intent: The accredited provider shall accept responsibility that ACCME's accreditation policies and procedures are met when educational activities are planned and presented in joint sponsorship with non-accredited providers.

Practice: The accredited provider must be able to provide to ACCME written documentation that demonstrates how each jointly sponsored CME activity was planned and implemented in compliance with the ACCME's accreditation policies and procedures. Material submitted can be from the files of either the accredited provider or the non-accredited provider.

Printed materials for jointly sponsored activities must carry the following statement:

“This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of <insert name of ACCME accredited provider> and <insert name of non-accredited provider>. The <insert name of accredited provider> is accredited by the ACCME to provide continuing medical education for physicians and takes responsibility for the content, quality and scientific integrity of this CME activity.”

If two or more accredited providers are involved in an activity, then one of them must assume responsibility for the activity and this must be clearly indicated through the following accreditation statement.

“This activity has been jointly planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education by <insert name of ACCME accredited provider 1 > and <insert name of non-accredited provider 2>. The <insert name of accredited providers> are accredited by the ACCME to provide continuing medical education for physicians.

<insert name of ACCME accredited provider 1 > has been designated to take responsibility for the content, quality and scientific integrity of this CME activity” (96-C-7)

Initial applicants, during their period of provisional accreditation, may not act as joint sponsors of continuing medical education activities with non-accredited entities unless already accredited by a state medical society. Organizations achieving ACCME provisional accreditation after a period of full accreditation by a state medical society may continue to joint sponsor with unaccredited providers if:

1. previously presented joint sponsorship activities are available for review by ACCME;
2. the provider is, at the time of initial ACCME survey deemed to be in at least substantial compliance with ACCME’s joint sponsorship policies and procedures; and
3. the provider has been previously surveyed, and their ongoing joint sponsorship activities have been found to be in at least substantial compliance with ACCME’s joint sponsorship policies and procedures. (96-B-4)

Providers who choose to initiate joint sponsorship subsequent to the granting of full accreditation or reaccreditation, must notify the ACCME of their intention to joint sponsor. (94-C-7)

In cases where two ACCME or state medical society accredited providers merge to become a new entity (or consortium), the pre-application process will be omitted. There is a provision to waive the restriction on joint sponsorship in cases where the newly merged entity demonstrates the ability to provide such by demonstrating that:

1. previously presented joint sponsorship activities are available for review by ACCME;
2. the provider is, at the time of initial ACCME survey deemed to be in at least substantial compliance with ACCME's joint sponsorship policies and procedures; and
3. at least one of the pre-merger entities has been previously surveyed, and their ongoing joint sponsorship activities have been found to be in at least substantial compliance with ACCME's joint sponsorship policies and procedures (96-B-5)

A provider which is placed on probation should provide information to the ACCME on all existing joint sponsorship relationships. The provider must notify its current contracted joint sponsors of its probationary status. (94-A-6)

A provider, while on probation, may not act as joint sponsors of continuing medical education activities with non-accredited entities, except for those activities which were contracted prior to the institution of probation. (98-B-9)

G. ENDURING MATERIAL (COMMERCIAL ACKNOWLEDGEMENT)

Product specific advertising of any type is prohibited in enduring materials.

Commercial support must be acknowledged in order to comply with the Standards for Commercial Support and references to a company or institution are allowed.

This acknowledgment must be placed only at the beginning of the enduring material.

The institutional acknowledgment 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.

No specific products may be referenced, even if they are not related to the topic of the enduring material. (95-B-2)

In addition to all other applicable ACCME requirements providers of enduring materials must communicate the following information to participants so that they are aware of this information prior to starting the educational activity

- Principal faculty and their credentials
- Medium or combination of media used
- Method of physician participation in the learning process
- Estimated time to complete the educational activity (same as number of credit hours designated)
- Dates of original release and of most recent review or update (98-B-7)

H. COMMERCIAL SUPPORT AND ENDURING MATERIALS

The Standards for Commercial Support do not prohibit distribution of certified enduring materials by commercial representatives directly to physicians. However, the accredited provider must maintain its responsibility for the quality, content and use of the enduring material in compliance with the Essential Areas. (94-A-9)

I. COMMERCIAL SUPPORT

A commercial supporter is defined as any entity providing funds or resources to a continuing medical education provider. (96-B-7)

Funds from governmental entities are not considered commercial support. (97-B-17)

Commercial exhibits are promotional activities, and as such, accredited providers are not obligated to fulfill all the requirements of the ACCME's Standards of Commercial Support with respect to these promotional activities, but are obligated to use sound fiscal and business practices with respect to these exhibits. (97-A-16)

J. DISCLOSURE

Disclosure of significant support or substantial financial relationships between presenters and commercial entities is required in relevant situations whether or not there is direct commercial support for the CME activity. (93-C-3)

For all CME activities, providers must disclose to participants prior to educational activities the existence of any significant financial or other relationship a faculty member or the provider has with the manufacturer(s) of any commercial product(s) or provider(s) of any commercial service(s) discussed in an educational presentation. (94-C-5)

K. JOURNAL BASED CME

The "activity" in "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") 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.

1. Educational content must be within the ACCME's definition of Continuing medical education.
2. The "activity" in a "journal based CME activity" is not completed until the learner documents participation in that activity to the provider.
3. In any journal based CME activity, the learner should not encounter advertising within the pages of the article(s) or within the pages of the related questions or evaluation materials (effective January 1, 1999).

L. CORPORATE CHANGE

When the corporate structure of an accredited provider is altered by an acquisition, merger, or dissolution, action will be taken if the ACCME staff determines:

1. that the governing body to which the CME unit reports has either been merged or been newly created, and/or
2. the sources of funds and budget approval have changed.

The action will be that a survey will be required within six months and will be limited to collecting evidence that:

1. the accredited CME mission has been affirmed; and
2. there is verification of continued fiscal adequacy and staffing appropriate to the mission.

If the evidence collected does in fact indicate that the CME mission has been affirmed and that there is continued fiscal adequacy and staffing then the results of the survey will be:

1. a declaration of the new name of the accredited providers; and
2. continued accreditation for the specified term.

However, if the results of the limited survey determine that there is not fiscal adequacy and/or that staffing is inappropriate or unknown, and/or a new mission statement has been developed then a full survey will be required. (97-A-15)

M. DOCUMENTATION

An accredited provider is required to retain activity files/records during the current accreditation or for the last twelve months, whichever is longer. (96-A-5)

An accredited provider will have mechanisms in place to record and, when authorized by the participating physician, verify participation. (98-B-8)

III. PROCESS OF ACCREDITATION

A. DATE OF ACCREDITATION

The effective date of accreditation is the date of action by the ACCME (92-C-2)

B. TYPES AND DURATION OF ACCREDITATION:

PROVISIONAL ACCREDITATION: (standard accreditation for initial applications)

1. Two years is the period of Provisional Accreditation
2. One extension of up to two years may be given
3. Provisional Accreditation may also be given when an accredited organization's program is so altered that it is essentially a new program.
4. An adverse decision at the end of Provisional Accreditation will result in Non-Accreditation; it cannot result in Probationary Accreditation

ACCREDITATION

1. Maximum period of Accreditation is six years
2. Standard period of Accreditation is four years
3. Accreditation may be reinstated after a period of probation.

PROBATIONARY ACCREDITATION

1. May be given to an accredited program with serious deviation from the Essentials
2. May be for one or two years
3. Probationary Accreditation may not be extended.

NON-ACCREDITATION

1. May be given after the initial survey
 2. May be given after Provisional Accreditation
 3. May be given after Probationary Accreditation of one or two years.
- Accreditation cannot be withdrawn without a period of Probationary Accreditation except in cases where there are compelling reasons to do otherwise. (85-C-1)

C. TERMS OF ACCREDITATION

Four years should be the “standard” period of accreditation for programs that meet all of the Essentials and that 6 years accreditation is reserved for programs which are truly exceptional (86-B-1).

D. ACCREDITATION FEE

By December 15 of each year, an invoice in the amount of the current ACCME accreditation fee will be sent to each accredited provider. Payment in the full amount of the fee must be received by the ACCME by January 31 of the following year in order for the provider to maintain their accreditation status with ACCME. A monthly late fee equal to 10% of the amount owed will be charged on the first of each month following January 31 until the balance is paid in full.

By December 15 of each year, each accredited provider will be sent for completion and submission an Annual Report or other interval monitoring data collection instrument, as designed by the ACCME. The completed instrument must be received by the ACCME by January 31 of the following year in order for the provider to maintain their accreditation status with ACCME. A monthly late fee equal to 10% of the annual accreditation fee will be charged on the first of each month following January 31 until the completed documents are submitted.

If payment of the annual accreditation fee and/or a completed ACCME data collection instrument is not received by ACCME by the first ACCME meeting of the year, the ACCME will take an action to change the accredited provider’s accreditation status to probation. However, if payment and/or a completed ACCME data collection instrument are received before the second ACCME meeting then the provider’s accreditation status will revert back to it’s original status prior to the probation. If, at the second ACCME meeting of the year, payment and/or a completed ACCME data collection instrument has not been received, the ACCME will take action to change the accredited provider’s accreditation status to non-accreditation. The effective date of non-accreditation will be the same as the date of the non-accreditation action. Reversal of these actions can only be accomplished by submission of an application for re-accreditation. (97-A-14)

E. SITE SURVEYS

Effective November 14, 1997, as part of the initial application process, a provider seeking accreditation must fulfill two requirements with respect to its on-site survey location. It must have a survey at its administrative offices and it must have a continuing medical education activity reviewed. There is no prescribed order for the two requirements, but the first survey must take place prior to provisional accreditation, and both requirements must be completed prior to full accreditation. (97-C-8)

Initial surveys will be conducted on-site. Surveys for continued accreditation may be “reverse-site”, on-site or tele-video surveys at the direction of the ACCME. (83-B-7)

The ACCME regards the accreditation site visit as a voluntary, information seeking activity and does not consider it to be an adversarial process. Consequently, it does not permit attorneys to attend or participate as legal counsel for providers in on-site or reverse-site visit proceedings. If a provider disagrees with an adverse decision made by the ACCME regarding its accreditation status, it may follow the procedures for reconsideration and appeal. Legal counsel may participate in the appeal process. (93-D-5)

The site survey chair after review of the submitted application, will contact the program director of the institution/organization to be surveyed to develop an agenda for the survey. (83-A-7)

The ACCME has the authority to call for an on-site survey at any time. On-site surveys must be conducted under any of the following conditions:

1. At the next review of a provider placed on probation.
2. When a provider has not had an on-site survey during the previous ten years, the on-site survey will be conducted at the next scheduled review.
3. When there is a significant change in the provider's ownership mission, or volume of CME activities. The on-site survey may be conducted at the next scheduled review or immediately.

On-site surveys may be conducted under any of the following conditions:

1. As a result of the review of a complaint/inquiry. The on-site survey may be conducted at the next scheduled review or immediately.
2. Whenever a provider has had significant difficulties in demonstrating compliance with one or more of the Essentials or Standards during a review. The on-site survey may be conducted at the next scheduled review or immediately.
3. Whenever there is insufficient information following a reverse-site survey on which to make an accreditation recommendation. In this case, the ARC would recommend only that an on-site survey be conducted immediately and would defer a recommendation on accreditation. (94-B-1)

On-site resurveys may occur at sites other than the provider's administrative or educational offices if the provider is able to provide the surveyors with:

1. all records or files that will be needed;
2. the opportunity to interact with the CME principles of the applicant; and
3. appropriate meeting rooms in which to conduct their survey work.

The provider must agree prior to the on-site resurvey that if for any reason the surveyors determine that they will be unable to thoroughly assess the provider's compliance with the ACCME's Essential Areas, then a second on-site resurvey at their offices will be scheduled within 60 days and will be conducted at the expense of the provider (96-A-7)

In those instances when an on-site survey for continued accreditation is either directed or requested, the travel and related surveyors' expenses will be paid by the institution/organization, in addition to the resurvey fee. (83-A-6)

A member of the ARC will act as a counselor to the site survey team when necessary. (97-A-7)

F. SURVEYORS

If the ACCME is informed that a site surveyor is unable to participate in a scheduled survey and all attempts to obtain another surveyor of equal qualifications have failed, then ACCME staff is at liberty to use discretion to resolve the situation. Such exceptions might include, but are not limited to, not requiring that one surveyor be a physician, not having both surveyors on-site (one surveyor might be connected to the survey via teleconference), the use of ACCME staff as substitute. Such exceptions to normal survey protocol will only be allowed with the permission of the provider. The provider reserves the right to request that the survey be rescheduled. (97-B-22)

Surveyors cannot have been appointees or employees of, or consultants to, the providing institution for at least two accreditation cycles. Surveyors may not accept a survey assignment if they have relatives who are appointees or employees of the providing institutions. Surveyors whose participation in an accreditation survey may give rise to a conflict of interest or the appearance of a conflict of interest may not accept assignments.

It is inappropriate for providers or applicants to request specific surveyor. Providers may request, in writing, that one or both surveyors be removed from the survey team. Rationale for requests for substitution of surveyors cannot be based on discriminatory factors such as race, gender, age, or provider's opinions about the surveyor. The rationale to substitute a surveyor due to a conflict of interest must be based solely on the relationship between the provider and the surveyor. (97-B-25)

Site Surveyors will receive evaluation forms completed by the provider applicant, only after the Council has taken action on the provider's application for accreditation. (94-A-1)

G. RESCHEDULING ACCREDITATION

If a provider scheduled for reaccreditation review cannot meet the ACCME schedule for submission of application and site survey then the accreditation term may be extended once, by four months, in order to complete these steps in time for the next regular meeting of the ARC.

The accreditation status of a provider will automatically revert to non-accreditation at the end of their accreditation term unless ACCME has taken action to extend their term of accreditation, or a new accreditation decision has been rendered by ACCME. (97-B-16)

H. DATA

Only material which was considered at the time of the survey may be reviewed upon reconsideration. (94-A-2)

Data from an accredited provider's Annual Report(s) and other interval monitoring instruments administered by the ACCME will be included in the materials provided to the ACCME's accreditation review process for the consideration of that provider's application. (97-A-11)

I. COMMUNICATION WITH PROVIDER

Statements of deficiencies or concerns made by the ARC should be identified with the appropriate Essential. Letters of notification sent to the providers should contain a statement reminding them that significant changes, i.e., change of director, should be reported. (83-B-1)

The information contained in evaluations completed by applicants for accreditation will not be provided to the members of the survey team or any decision makers in the accreditation process until after a decision has been reached on the status of the application for accreditation. (95-B-6)

J. PROVISIONAL ACCREDITATION

Principles for the review of newly non-accredited providers seeking provisional accreditation:

1. Standards will be neither raised nor lowered for this category of applicant.
2. As for any applicant, uniform compliance with the Essential Areas is expected for all aspects of all activities under review. The ARC makes recommendations and Council makes decisions based on the overall review of the program. However, ACCME will only review material from the date of the last decision. Therefore, non-compliance expressed in an activity file or administrative review that occurred prior to the non-accreditation decision will not be held against the provider as this already resulted in non-accreditation.
3. If ACCME defers its decision then the non-accreditation status will stand (96-B-6)

K. NON-ACCREDITATION

The date for non-accreditation of a provider is one year from the date of the Council's non-accreditation action. For more egregious cases, a shorter time frame may be assigned.

The provider will be responsible for payment of all fees, including the Annual Fee, and submission of all required reports until the effective date of non-accreditation. Failure to do so will result in immediate non-accreditation.

The ACCME waives the requirement of a pre-application for the provider that chooses to submit an application for accreditation during the one-year time period prior to the effective date of non-accreditation (96-A-1)

Initial applicants who receive non-accreditation may not be reviewed again by the ACCME until one year from the date of the Council meeting at which the decision was made. (93-D-1)

L. RECONSIDERATION

Reconsideration occurs when an organization feels that the evidence it presented to the ARC justifies a different decision. Additional material, sufficient to warrant a review of the application, should be submitted. A reconsideration interview should be arranged, no later than the second meeting after its previous review. The subcommittee of the ARC which conducts the second review should consist of different members than the original subcommittee and should have access to the documents and evaluations of the original subcommittee. (82-A-4)

An ACCME Reconsideration of an accreditation decision may occur when an organization feels that the evidence it presented to the ACCME justifies a different decision. Only decisions of Probation or Non-Accreditation will be reconsidered by ACCME. Only material which was considered at the time of the ARC review may be reviewed upon reconsideration

During the reconsideration two members of the ARC will review the provider's complete application before acting on the reconsideration .

A reconsideration must occur, no later than the second meeting after its previous ACCME decision. (82-A-4)REVISED

On reconsideration, two members of the ARC will review the provider's complete application before acting on the reconsideration. (93-A-9)

Only material which was considered at the time of the survey may be reviewed upon reconsideration. (**see Reconsideration and Appeal Procedure**) (94-A-2)

M. REEVALUATION

The ACCME may re-evaluate an institution/organization at any time less than the period specified for resurvey if information is received from the institution/organization itself, or from other sources, which indicated it has undergone substantial changes and/or may no longer be in compliance with the Essentials. (81-D-3)

ACCME will appoint a three member ad hoc committee, from representatives to the ACCME who are not members of the ARC, to review all the information available to the ARC regarding the provider's application for accreditation, consider the problem, and bring a recommendation to the ACCME. (81-C-4)

N. COMPLAINTS AND INQUIRIES

The length of time during which an accredited provider must be accountable for any complaints/inquiries received by the ACCME is limited to twelve months from the date of the activity, or in the case of a series, twelve months from the date of the activity which is in question. (96-A-6)

ATTACHMENT 5: The Standards for Commercial Support
(As Adopted by the ACCME Board of Directors on April 1, 2004)

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. The ACCME defines a "commercial interest" as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

- (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.

Expenditures for learners

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. ¶

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. ¶

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.

5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.¶

STANDARD 6. Disclosures Relevant to Potential Commercial Bias

Relevant financial relationships of those with control over CME content

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.

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

Commercial support for the CME activity.

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

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