





Accreditation Team


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Overview of the Accreditation Process




The ACCME's self-study process facilitates *reflection* and *analysis*



The extent to which your organization


- Meets its CME Mission, including the expected results of achieving changes in learners' competence or performance or in patient outcomes (C1, C11 and C12)
- Identifies & implements improvements that help your organization to better meet its CME mission (C13)
- Engages with its environment (C16-C22)



The extent to which your organization

Plans educational activities that ...

- Incorporate the educational needs underlying professional practice gaps of your learners (C2)
- Are designed to change physicians' competence, performance or patient outcomes (C3)
- Use formats that are appropriate for the setting, objectives, and desired results of the activity. (C5)
- Are designed in context of desirable physician attributes (C6)



The extent to which your organization

Plans educational activities that ...


- Are independent and do not promote the proprietary interests of a commercial interest (C7 & C10)
- Ensure appropriate management of commercial support (C8)
- Separate education from promotion (C9)

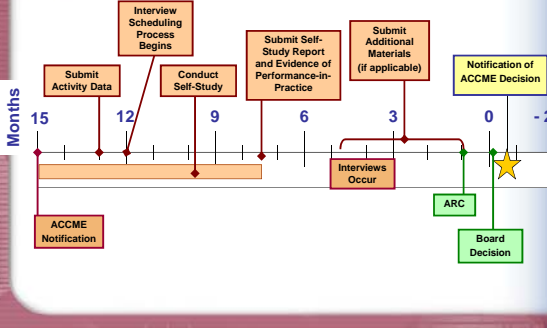
 **Value of Accreditation**


- ACCME Criteria as an **algorithm** for change & improvement
 - for your learners
 - for your organization
- CME is **Independent** – via expectations of the Standards for Commercial Support

 **Steps of the Accreditation Process**



 **Accreditation Timeline**






Criterion 7

ACCME Definition of a Commercial Interest

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

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

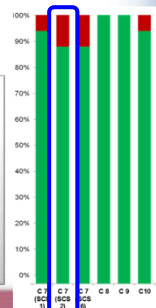



Criterion 7

SCS 2.1: *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.*

Common NC with **SCS 2.1** because provider:

- Did **not** collect information about financial relationships from **all** persons in control of content,
 - i.e. faculty, planners, content editors
 - any amount in the past 12 months
 - Including of spouse or partner



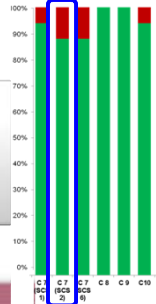


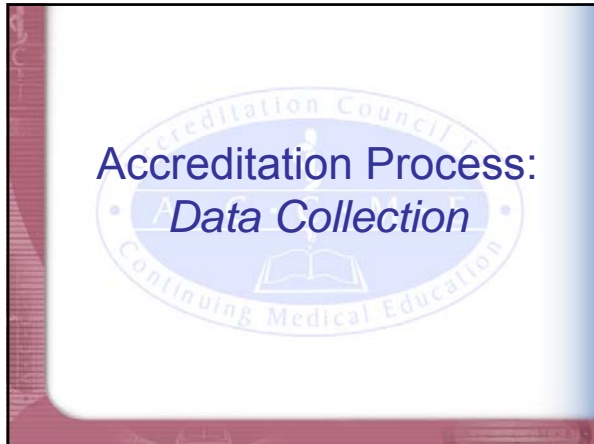
Criterion 7

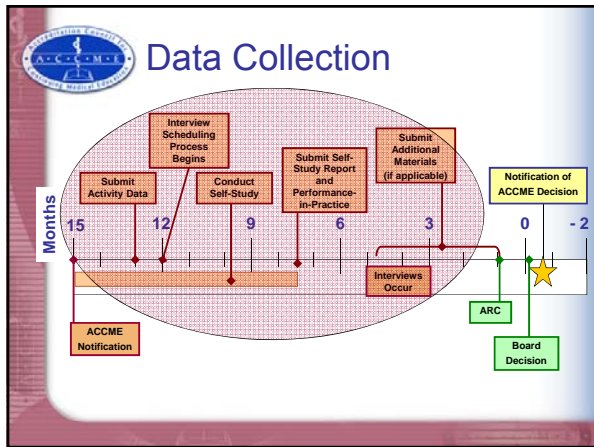
SCS 2.3: *The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.*

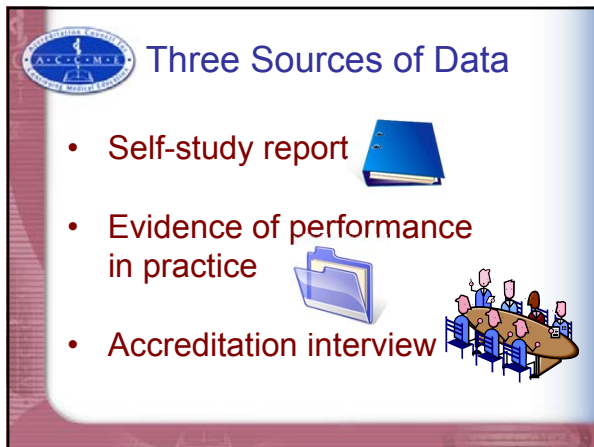
Common NC with **SCS 2.3** because provider:

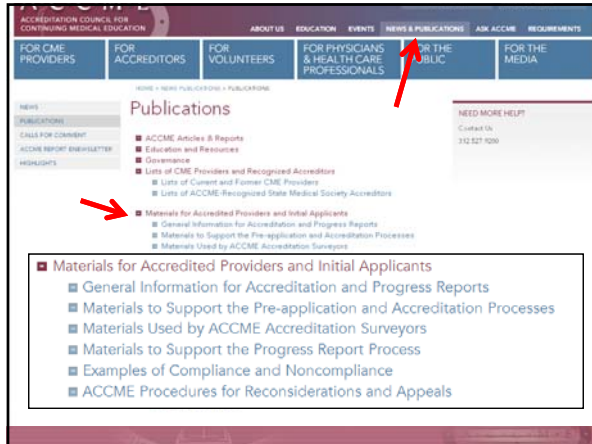
- and/or did **not** have, or consistently implement, a mechanism to resolve identified conflicts of interest.





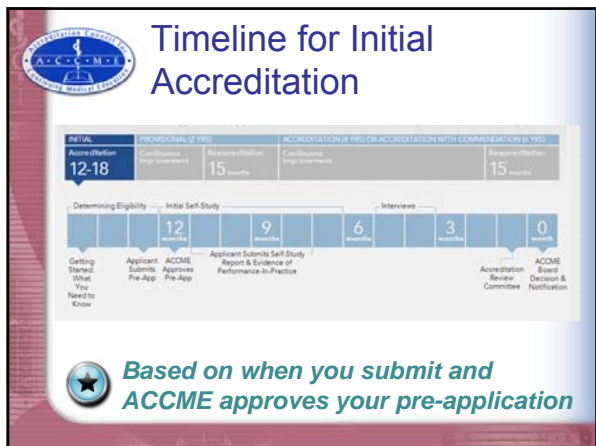













ACCME REACCREDITATION TIMELINES AND PROVIDER MILESTONES¹

Milestone	July 2015 Cohort	Nov 2015 Cohort	March 2016 Cohort	July 2016 Cohort
ACCME email notification to provider with reference to self-study materials and online Confirmation of Intent to Apply	April 2014	July 2014	Dec 2014	April 2015
★ Provider deadline for submission of online Confirmation of Intent to Apply	June 4 2014	Sept 17 2014	Jan 21 2015	June 3 2015
ACCME NEXT STEPS email reminder about the provider's entry of CME activity data in FARS	June 2014	Sept 2014	Jan 2015	June 2015
★ Provider deadline for entering CME activity data in FARS	July 18 2014	Nov 12 2014	Feb 25 2015	July 22 2015
ACCME NEXT STEPS email notification to provider of activities selected for performance-in-practice review	Aug 20 2014	Dec 10 2014	March 25 2015	Aug 19 2015
ACCME NEXT STEPS email prompt with information about the accreditation interview scheduling process	Oct 2014	March 2015	June 2015	Oct 2015
★ Provider deadline for receipt by the ACCME of completed self-study reports and evidence of performance in practice	Dec 10 2014	April 8 2015	July 22 2015	Dec 9 2015
Accreditation interviews occur	Feb–March 2015	June–July 2015	Sept–Nov 2015	Feb–March 2016
Accreditation Review Committee (ARC) Meeting	June 3–4 2015	Oct 7–8 2015	Feb 10–11 2016	June 8–9 2016
ACCME Board of Directors Meeting Accreditation decision sent to provider after the Board concludes its meeting ²	July 16–17 2015	Dec 2–3 2015	March 10–11 2016	July 21–22 2016

Self-Study Report


... an **opportunity** to “tell the story” of your CME program with narrative, examples, and attachments

- Prescribed content
- Prescribed format




Self-Study Report Outline

- I. Prologue
 - History
 - Leadership & Organizational Structure
- II. Purpose and Mission (C1)
 - Attach CME Mission Statement



Self-Study Report Outline


- III. Educational Activities (C2-7 and Policies), including C7 (SCS 1) Ensuring Independence
 - Tell the story of how you ...
 - ✓ With two examples, describe the practices you have in place to develop CME activities and your incorporation of ACCME requirements
 - Describe mechanism used to verify physician participation

 *Initial Applicants: C5-6 optional*



Self-Study Report Outline

- IV. Managing Commercial Support and Separating Promotion from Education (C8-9)
 - Attach policies
 - Describe practices, procedures, and processes

 **Self-Study Report Outline**


V. Content of your CME activities (C10 and Policy on Content Validation)


- Describe how you ensure content expectations are fulfilled

 **Self-Study Report Outline**

VI. Evaluation and Improvement (C11-13)

- Provide data and program-based analysis, regarding:
 - ✓ Changes in learner competence, performance, or patient outcomes
 - ✓ Success in meeting expected results of CME mission
 - ✓ Program improvements (identified & implemented)


 **Initial Applicants: C13 is optional**


 **Self-Study Report Outline**

VII. Engagement with the Environment (C16-22)

- Provide narrative and examples

NOTE: *The information provided in this section will be used to determine eligibility for Accreditation with Commendation*


 **Initial Applicants: Not eligible for Commendation**



Organizing and formatting your Self-Study Report

Why is this important?


- To facilitate the review of your CME program with a standardized presentation of information
- So everyone is on the same page, literally and figuratively



Organizing and formatting your Self-Study Report

A few of the requirements


- Each page numbered consecutively
- Divider tabs separating content in 7 sections following the outline
- 1 ½ inch, 3-ring binder (1 ½ inches of material)
- 4 hard copies; 1 electronic copy



Organizing and formatting your Self-Study Report


To ensure a successful submission...

- Review all requirements carefully
- Seek clarification from ACCME in advance




Discussion Questions

1. Who do you think will be working on your Self-Study Report?
2. What strategy do you think you might use to tackle writing the sections of the report? (*i.e. start at the beginning & work your way to the end, or start with either harder or "easier" sections*)
3. Have you considered how you will plan to address C16-22? Will you use the same or different strategy as for the other sections of the outline?




Documentation Review: *Evidence of Performance-in-Practice*



Entering CME activity data

- Use the ACCME's Program & Activity Reporting System, or "PARS" <http://pars.accme.org>
- Add data for activities provided, or to be provided, during current year and through your expiration date
- Enter known information, at a minimum the title, date, and activity format (location is required when entering a course or an RSS).
- Activities may remain 'open' in PARS for purposes of accreditation review (vs ACCME annual report)




Evidence of Performance-in-Practice

- Choose labels **OR** structured abstract.

Labels: affix to evidence that verifies activity meets requirements.

Abstract: complete text-limited fields, tables and attach evidence that verifies activity meets requirements.

- Submit in hard copy **OR** electronically.
- Highlight performance specific to criterion/policy.
- For enduring materials, internet and journal CME, submit the CME product in its entirety.




Evidence of Performance-in-Practice

Using the structured abstract: C2

- ✓ State the **professional practice gap(s)** of your learners on which the activity was based
 - Synthesize in the provided text box OR add attachment with multiple gaps
- ✓ State the **educational need(s)** (knowledge and/or competence and/or performance) that you determined to be the cause of the professional practice gap(s)

Please Note: Attachments are not included with this sample document. All applicable attachments will be required during the accreditation process.



ACCME Performance-in-Practice Structured Abstract

A tool for preparing and demonstrating compliance through performance-in-practice

Instructions: Complete this form for each activity selected for the ACCME's performance-in-practice review. Complete all sections applicable to the activity, and assemble attachments, marking each attachment with the appropriate number. If submitting material electronically, assemble a single PDF file that includes this form and the required attachments with each attachment bookmarked. Submit the abstract/attachments to the ACCME as instructed.

ACCME Provider ID:	000000	Provider Name:	XYZ Community Hospital		
Activity Title:	Palliative Medicine Grand Rounds				
Activity Date (mm/yyyy)	8/11/2013	Activity Type:	Regularly Scheduled Series	Providership:	Direct
				Commercial Support Received:	No

State the professional practice gap(s) of your learners on which the activity was based (maximum 100 words). (C2)

Patients and their families believe that our physicians do not effectively manage difficult conversations concerning care for patients who are chronically ill or at the end of life. Our attending physicians shared that they frequently encounter ethical situations in end-of-life care that they feel unprepared to manage optimally.

State the educational need(s) that you determined to be the cause of the professional practice gap(s) (maximum 300 words each). (C2)

Knowledge need area: Several members of our medical staff have not received training on how to hold difficult conversations with patients and families experiencing chronic illness and end of life issues. Clinicians need to develop strategies they can use to manage these conversations.

Competence need area:

Performance need area: Clinicians will have new/improved strategies for managing difficult conversations and ethical situations with patients and their families when providing palliative care.


State what strategies, approaches, designed to change in terms of learners' competence, performance, or patient outcomes (maximum 50 words). (C2)

Clinicians will have a different member of the health care team present each month, giving everyone a chance to explore how to talk about these issues.

Explain why this educational format is appropriate for this activity (maximum 25 words). (C2)

Indicate the desirable physician attribute(s) (i.e., competence(s)) that is/are addressed. (C2)


ACCME/ABMS Competencies Institute of Medicine Competencies Interprofessional Education



Evidence of Performance-in-Practice

Using the structured abstract: C7 (SCS 2.1)


- ✓ List all individuals in control of content by name, role(s) (e.g., planner, editor, content reviewer, faculty, etc.), the name of the ACCME-defined commercial interest with which the individual has a relevant financial relationship (or no relevant financial relationship), and the nature of the relationships.
 - Use the table provided or include your own report as part of **Attachment 2**
 - Also provide, as part of **Attachment 2**, the form, tool, or mechanism used to identify relevant financial relationships of all individuals in control of content



Evidence of Performance-in-Practice

Using the structured abstract: C7 (SCS 2.3)


- ✓ Provide evidence that you implemented your mechanism(s) to resolve conflicts of interest for all individuals in control of content prior to the start of the activity
 - Provide this information in the table provided or include your own report as Attachment 3



Evidence of Performance-in-Practice

Using the structured abstract: C7 (SCS 6.1-6.2, 6.5)


- ✓ Provide disclosure information as provided to learners about the relevant financial relationships (or absence of relevant financial relationships) that each individual in a position to control the content of CME disclosed to the provider
 - Provide this information as Attachment 4



Evidence of Performance-in-Practice


Using the structured abstract: C11

- ✓ Provide the data or information generated from this activity **about changes achieved in learners' competence, performance or patient outcomes.**
- Provide this information as Attachment 5



AMA PRA Evidence

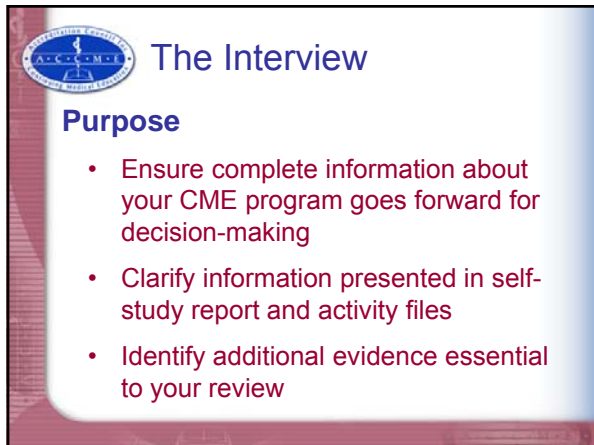
- Submit evidence for activities selected
- Use separate single folder
- Must be hard copy
- NOT part of ACCME Accreditation process or decision

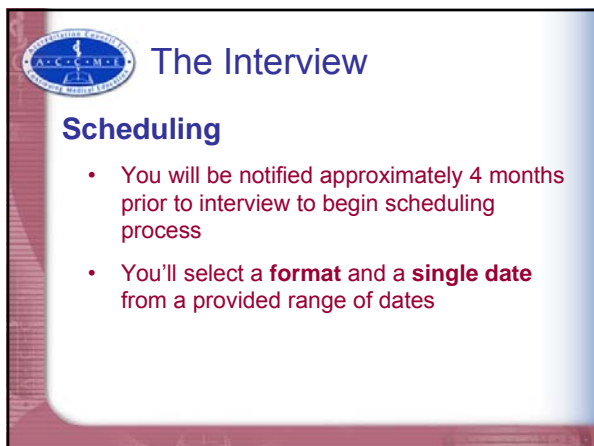


Discussion Questions

1. When do you plan to start collating your performance-in-practice/activity files?
2. Will you have a team working on compiling the performance in practice files?
3. Based on our conversation, do you think there might be materials that you will choose NOT to include in your PIP files?










The Interview

Format options

- Conference Call (standard format) - \$100 flat rate
- Face-to-face
- Video Conference
- On-site

} ~\$1,500 to \$2,500 (based on actual expenses)


Initial applicants must have an activity review.



The Interview

ACCME confirms interviews via email to provider's primary contact


- Date and format
- Survey team
- Conference calls: ACCME will assign a conference call number and passcode
- Other formats: ACCME will coordinate with provider and survey team to confirm logistics



The Interview

Preparing for the interview


- Identify individuals who will best represent your CME program (who? how many?)
- Discuss the accomplishments, strengths, and challenges of your CME program
- Present/clarify evidence that describes your CME program and demonstrates your performance



The Interview

The role of the survey team


- Gather data and information about your CME program and practices
- Clarify questions about the self-study report and/or activity files
- NOT to advise, consult, or educate



The Interview

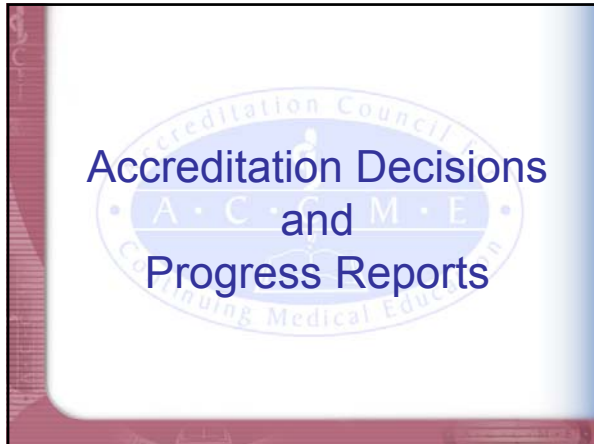
Following the interview

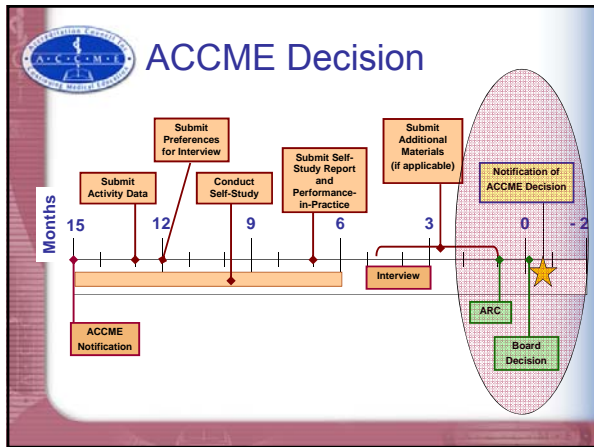
- The ACCME may request additional materials identified in the interview
- You will be invited to complete an evaluation form and provide feedback about the self-study and interview processes

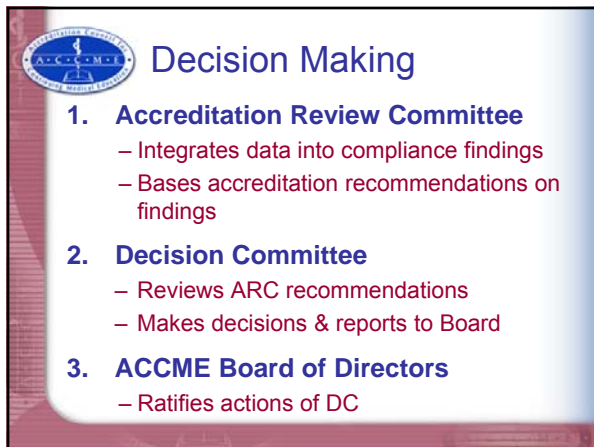



Discussion Questions

1. Who do you think will participate in the accreditation interview for your organization?
2. What will you do to prepare any participants (staff, volunteers, etc.) for the interview?










Feedback



Decision Letter/Report

- Written notification
- Feedback on status and findings

Progress Report

- Noncompliance findings in C1-C13 or Policies
- Demonstrate improvement based on feedback in decision report




Any questions?



Contact ACCME Accreditation Staff:

info@accme.org



Thank you!
