**Surveyor Report Form Questions for 2024 Cohorts**

**ALL CRITERIA, STANDARDS & POLICIES**

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**CME Mission and Program Improvement**

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**MISSION**

The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

**SURVEYOR QUESTION(S)**

* *Does the provider's mission statement include expected results articulated in terms of changes in competence, performance, or patient outcomes?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Mission criterion.*

Enter Response Here

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**PROGRAM ANALYSIS**

The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.

**SURVEYOR QUESTION(S)**

* *Does the provider gather data or information and conduct a program-based analysis on the degree to which the expected results component of its CME mission has been met through the conduct of CME activities/educational interventions?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Program Analysis criterion.*

Enter Response Here

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**PROGRAM IMPROVEMENTS**

The provider identifies, plans, and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.

**SURVEYOR QUESTION(S)**

* *Does the provider identify, plan, and implement needed or desired changes in the overall program that are required to improve on its ability to meet the CME mission?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, explain why and/or describe the discussion*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Program Improvements criterion.*

Enter Response Here

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**Educational Planning and Evaluation**

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**EDUCATIONAL NEEDS**

The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

**SURVEYOR QUESTION(S)**

* *Does the provider’s process(es) identify the professional gaps and the underlying educational needs of its learners?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Educational Needs criterion.*

Enter Response Here

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**DESIGNED TO CHANGE**

The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

**SURVEYOR QUESTION(S)**

* *Does the provider design their activities to change competence, performance, or patient outcomes as described in its mission statement?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Designed to Change criterion.*

Enter Response Here

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**APPROPRIATE FORMATS**

The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.

**SURVEYOR QUESTION(S)**

* *Does the provider choose formats that are appropriate to the setting, objectives, and desired results of its activities?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Appropriate Formats criterion.*

Enter Response Here

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**COMPETENCIES**

The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).

**SURVEYOR QUESTION(S)**

* *Does the provider develop their activities/educational interventions in the context of desirable physician attributes?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Competencies criterion.*

Enter Response Here

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**ANALYZES CHANGE**

The provider analyzes changes in learners’ (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

**SURVEYOR QUESTION(S)**

* *Does the provider analyze changes achieved in learners’ competence, performance, or in patient outcomes based on data and information from its program’s activities/educational interventions?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Analyze Change criterion.*

Enter Response Here

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**Standards for Integrity and Independence in Accredited Continuing Education**

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**STANDARD 1: ENSURE CONTENT IS VALID**

Accredited providers are responsible for ensuring that their education is fair and balanced and that any clinical content presented supports safe, effective patient care.

1. All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
2. All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
3. Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
4. Organizations cannot be accredited if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

**SURVEYOR QUESTION(S)**

* *Does the provider:*
1. *ensure all recommendations for patient care in accredited continuing education is based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options;*
2. *ensure all scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection, analysis, and interpretation;*
3. *facilitate engagement with new and evolving topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning; and,*
4. *ensure that the provider does not advocate for unscientific approaches to diagnosis or therapy, and their education does not promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients?*

*Choose an item.*

* *If you indicated no or the standard was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding Standard 1.*

Enter Response Here

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**STANDARD 2: PREVENT COMMERCIAL BIAS AND MARKETING IN ACCREDITED CONTINUING EDUCATION**

Accredited continuing education must protect learners from commercial bias and marketing.

1. The accredited provider must ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company.
2. Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
3. The accredited provider must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.

**SURVEYOR QUESTION(S)**

* *Does the provider:*
1. *ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company;*
2. *ensure that its education is free of marketing or sales of products or services,*
3. *ensure that the names or contact information of learners are not shared with any ineligible company or its agents without the explicit consent of individual learners?*

*Choose an item.*

* *If you indicated no to any of the questions or the standard was discussed in the interview, please explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding Standard 2.*

Enter Response Here

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**STANDARD 3: IDENTIFY, MITIGATE, AND DISCLOSE RELEVENT FINANCIAL RELATIONSHIPS**

Accredited providers must take the following steps when developing accredited continuing education.

1. Collect information: Collect information from all planners, faculty, and others in control of educational content about all their financial relationships with ineligible companies within the prior 24 months. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education. Disclosure information must include:
2. The name of the ineligible company with which the person has a financial relationship.
3. The nature of the financial relationship. Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds.
4. Exclude owners or employees of ineligible companies: Review the information about financial relationships to identify individuals who are owners or employees of ineligible companies. These individuals must be excluded from controlling content or participating as planners or faculty in accredited education. There are three exceptions to this exclusion—employees of ineligible companies can participate as planners or faculty in these specific situations:
5. When the content of the activity is not related to the business lines or products of their employer/company.
6. When the content of the accredited activity is limited to basic science research, such as preclinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
7. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.
8. Identify relevant financial relationships: Review the information about financial relationships to determine which relationships are relevant. Financial relationships are relevant if the educational content an individual can control is related to the business lines or products of the ineligible company.
9. Mitigate relevant financial relationships: Take steps to prevent all those with relevant financial relationships from inserting commercial bias into content.
10. Mitigate relationships prior to the individuals assuming their roles. Take steps appropriate to the role of the individual. For example, steps for planners will likely be different than for faculty and would occur before planning begins.
11. Document the steps taken to mitigate relevant financial relationships.
12. Disclose all relevant financial relationships to learners: Disclosure to learners must include each of the following:
13. The names of the individuals with relevant financial relationships.
14. The names of the ineligible companies with which they have relationships.
15. The nature of the relationships.
16. A statement that all relevant financial relationships have been mitigated.

Identify ineligible companies by their name only. Disclosure to learners must not include ineligible

companies’ corporate or product logos, trade names, or product group messages.

Disclose absence of relevant financial relationships. Inform learners about planners, faculty, and

others in control of content (either individually or as a group) with no relevant financial relationships

with ineligible companies.

Learners must receive disclosure information, in a format that can be verified at the time of

accreditation, before engaging with the accredited education.

**SURVEYOR QUESTION(S)**

* *Does the provider describe process(es) to collect information from all planners, faculty, and others in control of educational content about all financial relationships with ineligible companies?*

*Choose an item.*

* *Does the provider use owners or employees of ineligible companies in its accredited activities?*

*Choose an item.*

* *If YES, does the provider describe processes to meet the expectations of Standard 3.2 (a-c) regarding the appropriate use of owners/employees of ineligible companies in accredited CE??*

*Select Not Applicable if the provider does not use employees or owners of ineligible companies.*

*Choose an item.*

* *Does the provider describe processes that would determine which financial relationships are relevant to the educational content?*

*Choose an item.*

* *Does the provider describe methods appropriate to mitigate all relevant financial relationships for individuals involved in the planning of CME activities, such as planner/editor/reviewer roles?*

*Choose an item.*

* *Does the provider describe methods appropriate to mitigate all relevant financial relationships for individuals with speaker/author/moderator/facilitator roles?*

*Choose an item.*

* *Does the provider describe methods that would inform learners of the presence or absence of relevant financial relationships of all individuals in control of content?*

*Choose an item.*

* *Does the provider ensure that learners are informed that all relevant financial relationships have been mitigated?*

 *Choose an item.*

* *Does the provider ensure that its organization does NOT engage in joint providerships with ineligible companies?*

*Choose an item.*

* *If you indicated no to any of the above questions or the standard was discussed in the interview, explain why and/or describe the discussion. Please identify the question(s) you are addressing in your comments.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding Standard 3.*

Enter Response Here

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**STANDARD 4: MANAGE COMMERCIAL SUPPORT APPROPRIATELY**

Accredited providers that choose to accept commercial support (defined as financial or in-kind support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education. The support does not establish a financial relationship between the ineligible company and

planners, faculty, and others in control of content of the education.

1. Decision-making and disbursement: The accredited provider must make all decisions regarding the receipt and disbursement of the commercial support.
2. Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
3. The accredited provider may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
4. The accredited provider must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.
5. The accredited provider may use commercial support to defray or eliminate the cost of the education for all learners.
6. Agreement: The terms, conditions, and purposes of the commercial support must be documented in

an agreement between the ineligible company and the accredited provider. The agreement must be

executed prior to the start of the accredited education. An accredited provider can sign onto an

existing agreement between an accredited provider and a commercial supporter by indicating its

acceptance of the terms, conditions, and amount of commercial support it will receive.

1. Accountability: The accredited provider must keep a record of the amount or kind of commercial

support received and how it was used, and must produce that accounting, upon request, by the

accrediting body or by the ineligible company that provided the commercial support.

1. Disclosure to learners: The accredited provider must disclose to the learners the name(s) of the

ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education. Disclosure must not include the ineligible companies’ corporate or product logos, trade names, or product group messages.

**SURVEYOR QUESTION(S)**

* *If the provider accepts commercial support, does the provider ensure that it:*
1. *makes all decisions regarding the receipt and disbursement of the commercial support;*
2. *provides documentation of agreements with ineligible companies and execute all agreements prior to the start of the accredited education;*
3. *keeps a record of the amount or kind of commercial support received and how it was used, and must produce that accounting, upon request, by the accrediting body or by the ineligible company that provided the commercial support; and,*
4. *discloses to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education?*

Select Not Applicable if the provider does not accept commercial support.

*Choose an item.*

* *If you indicated no or the standard was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding Standard 4.*

Enter Response Here

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**STANDARD 5: MANAGE ANCILLARY ACTIVITIES OFFERED IN CONJUNCTION WITH ACCREDITED CONTINUING EDUCATION**

Accredited providers are responsible for ensuring that education is separate from marketing by ineligible companies—including advertising, sales, exhibits, and promotion—and from nonaccredited education offered in conjunction with accredited continuing education.

1. Arrangements to allow ineligible companies to market or exhibit in association with accredited education must not:
2. Influence any decisions related to the planning, delivery, and evaluation of the education.
3. Interfere with the presentation of the education.
4. Be a condition of the provision of financial or in-kind support from ineligible companies for the education.
5. The accredited provider must ensure that learners can easily distinguish between accredited education and other activities.
6. Live continuing education activities: Marketing, exhibits, and nonaccredited education developed by or with influence from an ineligible company or with planners or faculty with unmitigated financial relationships must not occur in the educational space within 30 minutes before or after an accredited education activity. Activities that are part of the event but are not accredited for continuing education must be clearly labeled and communicated as such.
7. Print, online, or digital continuing education activities: Learners must not be presented with marketing while engaged in the accredited education activity. Learners must be able to engage with the accredited education without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisement.
8. Educational materials that are part of accredited education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.
9. Information distributed about accredited education that does not include educational content, such as schedules and logistical information, may include marketing by or for an ineligible company.
10. Ineligible companies may not provide access to, or distribute, accredited education to learners.

**SURVEYOR QUESTION(S)**

* *Does the provider ensure that:*
1. *arrangements to allow ineligible companies to market or exhibit in association with accredited education do not influence any decisions related to the planning, delivery, and evaluation of the education; do not interfere with the presentation of the education; or be a condition of the provision of financial or in-kind support from ineligible companies for the education;*
2. *learners can easily distinguish between accredited education and other activities;*
3. *ineligible companies do not provide access to, or distribute, accredited education to learners?*

*Choose an item.*

* *If you indicated no or the standard was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding Standard 5.*

Enter Response Here

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**Accreditation Statement Policy**

The accreditation statement must appear on all CME activity materials and brochures distributed by accredited organizations, except that the accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity such as the date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation statement must be included.

The ACCME accreditation statement is as follows:

For directly provided activities: “The (name of accredited provider) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.”

For jointly provided activities: “This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of (name of accredited provider) and (name of nonaccredited provider). The (name of accredited provider) is accredited by the ACCME to provide continuing medical education for physicians.”

There is no "co-providership" accreditation statement. If two or more accredited providers are working in collaboration on a CME activity, one provider must take responsibility for the compliance of that activity. Co-provided CME activities should use the directly provided activity statement, naming the one accredited provider that is responsible for the activity. The ACCME has no policy regarding specific ways in which providers may acknowledge the involvement of other ACCME-accredited providers in their CME activities.

**SURVEYOR QUESTION(S)**

* *Does the provider ensure that its CME activities meet the requirements of the Accreditation Statement Policy?*

*Choose an item.*

* *If you indicated no or the policy was discussed in the interview, please explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Accreditation Statement Policy.*

Enter Response Here

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**CME Attendance Records Retention Policy**

Attendance Records: An accredited provider must have mechanisms in place to record and, when authorized by the participating physician, verify participation for six years from the date of the CME activity. The accredited provider is free to choose whatever registration method works best for their organization and learners. The ACCME does not require sign-in sheets.

**SURVEYOR QUESTION(S)**

* *Does the provider describe and demonstrate that it has a mechanism in place to record and, when authorized, verify participation of participating physicians for six years after the date of the activity?*

*Choose an item.*

* *If you indicated no or the policy was discussed in the interview, please explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the CME Activity and Attendance Records Retention Policy.*

Enter Response Here

**CME Activity Records Retention Policy**

Activity Documentation: An accredited provider is required to retain activity files/records of CME activity planning and presentation during the current accreditation term or for the last twelve months, whichever is longer**.**

**SURVEYOR QUESTION(S)**

* *Does the provider retain activity files/records of CME activity planning and presentation during the current accreditation term or for the last twelve months, whichever is longer?*

*Choose an item.*

* *If you indicated no or the policy was discussed in the interview, please explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the CME Activity and Attendance Records Retention Policy.*

Enter Response Here

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**AMA Credit Designation Statement**
**(NOT FOR SURVEYOR REVIEW)**

**AMA Credit Designation Statement**

Documentation Requirements for AMA PRA Category 1 Credit™

The ACCME collects additional evidence for the American Medical Association (AMA) from the sample of your activities selected for performance-in-practice review to demonstrate how well and how consistently your organization is meeting some of the AMA PRA Category 1 Credit™ requirements. As a service to both the provider and the credit system, the ACCME collects this evidence and transmits it for the AMA’s review and follow‐up with providers.

This information will not be considered as part of your ACCME accreditation decision and will not elicit feedback from the ACCME.

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**Accreditation with Commendation**

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**ENGAGES TEAMS**

Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE).

**SURVEYOR QUESTION(S)**

* *Did the provider attest that it has met the Critical Elements for ENGAGES TEAMS in at least 10% of the CME activities (but no less than two activities) during the accreditation term based on its program size?*

*Choose an item.*

* *Did the provider submit evidence for the correct number of activities for their term? S:2; M:4; L:6; XL:8*

*Choose an item.*

* *In the evidence provided, did the provider show they met the Critical Elements? Complete one row for each activity.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity Title** | **Included PLANNERS from more than one profession.**  | **Included FACULTY from more than one profession.** | **Designed to change competence and/or performance of team.** | **If you indicated no or the evidence was discussed in the interview, explain why and/or describe the discussion.** |
| *Enter Title* | *(Yes/No)* | *(Yes/No)* | *(Yes/No)* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Engages Patients/Public criterion.*

Enter Response Here

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**ENGAGES PATIENTS/PUBLIC**

Patient/public representatives are engaged in the planning and delivery of CME.

**SURVEYOR QUESTION(S)**

* *Did the provider attest that it has met the critical elements for ENGAGES PATIENTS/PUBLIC in at least 10% of the CME activities (but no less than two) during the term based on its program size?*

*Choose an item.*

* *Did the provider submit evidence for the correct number of activities? S:2; M:4; L:6; XL:8*

*Choose an item.*

* *In the evidence provided, did the provider show they met the Critical Elements? Complete one row for each activity.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Title** | **Included patients/public representatives as PLANNERS.** | **Included patient/public representatives as FACULTY.** | **If you indicated no or the evidence was discussed in the interview, explain why and/or describe the discussion.** |
| *Enter Title* | *(Yes/No)* | *(Yes/No)* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Engages Patients/Public criterion.*

Enter Response Here

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**ENGAGES STUDENTS**

Students of the health professions are engaged in the planning and delivery of CME.

**SURVEYOR QUESTION(S)**

* *Did the provider attest that it has met the Critical Elements for ENGAGES STUDENTS in at least 10% of the CME activities (but no less than 2 activities) during the term based on its program size?*

*Choose an item.*

* *Did the provider submit evidence for the correct number of activities? S:2; M:4; L:6; XL:8*

*Choose an item.*

* *In the evidence provided, did the provider show they met the Critical Elements? Complete one row for each activity.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Title** | **Included students of health professions as PLANNERS.** | **Included students of health professions as FACULTY.** | **If you indicated no or the evidence was discussed in the interview, explain why and/or describe the discussion.** |
| *Enter Title* | *(Yes/No)* | *(Yes/No)* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Engages Students criterion.*

Enter Response Here

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**ADVANCES DATA USE**

The provider advances the use of health and practice data for healthcare improvement.

**SURVEYOR QUESTION(S)**

* *Did the provider submit evidence for the correct number of activities for their term? S:2; M:4; L:6; XL:8*

*Choose an item.*

* *In the evidence provided, did the provider show they met the Critical Elements? Complete one row for each activity.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Title** | **Teaches about collection, analysis, or synthesis of health/practice data.** | **Uses health/practice data to teach about healthcare improvement.** | **If you indicated no or the evidence was discussed in the interview, explain why and/or describe the discussion.** |
| *Enter Title* | *(Yes/No)* | *(Yes/No)* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Advances Data Use criterion.*

Enter Response Here

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**ADDRESSES POPULATION HEALTH**

The provider addresses factors beyond clinical care that affect the health of populations.

**SURVEYOR QUESTION(S)**

* *Did the provider attest that it has met the Critical Elements for ADDRESSES POPULATION HEALTH in at least 10% of the CME activities (but no less than two activities) during the term based on its program size?*

*Choose an item.*

* *Did the provider submit evidence for the correct number of activities? S:2; M:4; L:6; XL:8*

*Choose an item.*

* *In the evidence provided, did the provider show they met the Critical Elements? Complete one row for each activity.*

|  |  |  |
| --- | --- | --- |
| **Activity Title** | **Did the activity expand the provider’s CME program beyond clinical care education and provide strategies that learners can use to achieve improvements in population health?** | **If you indicated no or the evidence was discussed in the interview, explain why and/or describe the discussion.** |
| *Enter Title* | *(Yes/No)* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Addresses Population Health criterion.*

Enter Response Here

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**COLLABORATES EFFECTIVELY**

The provider collaborates with other organizations to more effectively address population health issues.

**SURVEYOR QUESTION(S)**

* *In the evidence provided, did the provider show they met the Critical Elements?*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **The provider created or continued collaborations with one or more healthcare or community organizations.** | **The collaborations augmented the provider’s ability to address population health issues.** | **If you indicated no or the evidence was discussed in the interview, explain why and/or describe the discussion.** |
| **Example 1** | *(Yes/No)* | *(Yes/No)* | *Enter Text* |
| **Example 2** | *(Yes/No)* | *(Yes/No)* | *Enter Text* |
| **Example 3** | *(Yes/No)* | *(Yes/No)* | *Enter Text* |
| **Example 4** | *(Yes/No)* | *(Yes/No)* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Collaborates Effectively criterion.*

Enter Response Here

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**OPTIMIZES COMMUNICATION SKILLS**

The provider designs CME to optimize communication skills of learners.

**SURVEYOR QUESTION(S)**

* *Did the provider submit evidence for the correct number of activities for their term? S:2; M:4; L:6; XL:8*

*Choose an item.*

* *In the evidence provided, did the provider show they met the Critical Elements? Complete one row for each activity.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity Title** | **Did the activity address communication skills?**  | **Did the provider observe and evaluate the communication skills of the learners?** | **Did the provider provide formative feedback to the learner about communication skills?** | **If you indicated no or the evidence was discussed in the interview, explain why and/or describe the discussion.** |
| *Enter Title* | *(Yes/No)* | *(Yes/No)* | *(Yes/No)* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Optimizes Communication Skills criterion.*

Enter Response Here

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**OPTIMIZES TECHNICAL/PROCEDURAL SKILLS**

The provider designs CME to optimize technical and procedural skills of learners.

**SURVEYOR QUESTION(S)**

* *Did the provider submit the correct number of activities for its program size? S:2; M:4; L:6; XL:8*

*Choose an item.*

* *In the evidence provided, did the provider show they met the Critical Elements? Complete one row for each activity.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity Title** | **Did the activity address psychomotor technical and/or procedural skills?** | **Did the provider observe and evaluate the psychomotor technical and/or procedural skills of the learners?** | **Did the provider provide formative feedback to the learner about the psychomotor technical and/or procedural skills?** | **If you indicated no or the evidence was discussed in the interview, explain why and/or describe the discussion.** |
| *Enter Title* | *(Yes/No)* | *(Yes/No)* | *(Yes/No)* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Optimizes Technical/Procedural Skills criterion.*

Enter Response Here

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**CREATES INDIVIDUALIZED LEARNING PLANS**

The provider creates individualized learning plans for learners.

**SURVEYOR QUESTION(S)**

* *Did the provider track the learner’s repeated engagement with a longitudinal curriculum/plan over weeks or months?*

*Choose an item.*

* *Did the provider provide individualized feedback to the learner to close practice gaps?*

*Choose an item.*

* *Did the provider report the required number of learners based on the size of its CME program for their term? S:25; M:75; L:125; XL:200*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Creates Individualized Learning Plans criterion.*

Enter Response Here

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**UTILIZES SUPPORT STRATEGIES**

The provider utilizes support strategies to enhance change as an adjunct to its CME.

**SURVEYOR QUESTION(S)**

* *Did the provider attest that it has met the Critical Elements for UTILIZES SUPPORT STRATEGIES in at least 10% of the CME activities (but no less than two activities) during the term based on its program size?*

*Choose an item.*

* *Did the provider submit evidence for the correct number of activities for their term? S:2; M:4; L:6; XL:8*

*Choose an item.*

* *In the evidence provided, did the provider show they met the Critical Elements? Complete one row for each activity.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Title** | **Did the provider utilized support strategies to enhance change as an adjunct to its CME?** | **Did the provider conduct an analysis of the effectiveness of the strategies and plan improvements?** | **If you indicated no or the evidence was discussed in the interview, explain why and/or describe the discussion.** |
| *Enter Title* | *(Yes/No)* | *(Yes/No)* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Utilizes Support Strategies criterion.*

Enter Response Here

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**ENGAGES IN RESEARCH/SCHOLARSHIP**

The provider engages in CME research and scholarship.

**SURVEYOR QUESTION(S)**

* *Did the provider conduct scholarly pursuit relevant to CME?*

*Choose an item.*

* *Did the provider submit, present, or publish a poster, abstract, or manuscript to or in a peer-reviewed forum?*

*Choose an item.*

* *Did the provider submit a description of two projects completed during the accreditation term?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Engages In Research/Scholarship criterion.*

Enter Response Here

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**SUPPORTS CPD FOR CME TEAM**

The provider supports the continuous professional development of its CME team.

**SURVEYOR QUESTION(S)**

* *Did the provider create a CME-related continuous professional development plan for all members of its CME team?*

*Choose an item.*

* *Did the provider create a learning plan based on needs assessment of the team?*

*Choose an item.*

* *Did the provider’s learning plan include activities external to the provider?*

*Choose an item.*

* *Did the provider dedicate time and resources for the CME team to engage in the plan?*

*Choose an item.*

* *Did the provider implement the plan for the CME team during the accreditation term?*

*Choose an item.*

* *If you indicated no or the criterion was discussed in the interview, explain why and/or describe the discussion.*

Enter Response Here

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Supports CPD For CME Team criterion.*

Enter Response Here

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**DEMONSTRATES CREATIVITY/INNOVATION**

The provider demonstrates creativity and innovation in the evolution of its CME program.

**SURVEYOR QUESTION(S)**

* *Did the provider submit descriptions of four examples during the accreditation term?*

*Choose an item.*

* *In the evidence provided, did the provider show they met the Critical Elements?*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Did the provider Implement innovations that are new to its CME program?** | **Did the provider describe how the innovations contributed to its ability to meet its mission.** | **If you indicated no or the evidence was discussed in the interview, explain why and/or describe the discussion.** |
| **Example 1** | (Yes/No) | (Yes/No) | Enter Text |
| **Example 2** | (Yes/No) | (Yes/No) | Enter Text |
| **Example 3** | (Yes/No) | (Yes/No) | Enter Text |
| **Example 4** | (Yes/No) | (Yes/No) | Enter Text |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Demonstrates Creativity/Innovation criterion.*

Enter Response Here

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**IMPROVES PERFORMANCE**

The provider demonstrates improvement in the performance of learners.

**SURVEYOR QUESTION(S)**

* *Did the provider attest that at least 10% of the organization's activities improved the performance of its learners?*

*Choose an item.*

* *In the evidence provided, did the provider show they met the Critical Elements? Complete one row for each activity.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity Title** | **Did the provider measure changes in the performance of its learners?** | **Did the provider describe the method(s) used to measure performance change?** | **Did the provider demonstrate that the majority of learners improved performance?** | **If you indicated no or the evidence was discussed in the interview, explain why and/or describe the discussion.** |
| *Enter Text* | *Yes/No* | *Yes/No* | *Yes/No* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Improves Performance criterion.*

Enter Response Here

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**IMPROVES HEALTHCARE QUALITY**

The provider demonstrates healthcare quality improvement.

**SURVEYOR QUESTION(S)**

* *Did the provider demonstrate healthcare quality improvement related to the CME program at least twice during the accreditation term?*

*Choose an item.*

* *In the evidence provided, did the provider show they met the Critical Elements?*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Did the provider collaborate in the process of healthcare quality improvement?** | **Did the provider demonstrate improvements in healthcare quality?** | **If you indicated no or the evidence was discussed in the interview, explain why and/or describe the discussion.** |
| **Example 1** | *(Yes/No)* | *(Yes/No)* | *Enter Text* |
| **Example 2** | *(Yes/No)* | *(Yes/No)* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Improves Healthcare Quality criterion.*

Enter Response Here

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**IMPROVES PATIENT/COMMUNITY HEALTH**

The provider demonstrates the impact of the CME program on patients or their communities.

**SURVEYOR QUESTION(S)**

* *Did the provider submit two examples that demonstrated improvement in patient or community health in areas related to the CME program at least twice during the accreditation term?*

*Choose an item.*

* *In the evidence provided, did the provider meet the Critical Elements?*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Did the provider collaborate in the process of improving patient or community health?** | **Did the provider demonstrate improvement in patient or community outcomes?** | **If you indicated no or the evidence was discussed in the interview, explain why and/or describe the discussion.** |
| **Example 1** | *(Yes/No)* | *(Yes/No)* | *Enter Text* |
| **Example 2** | *(Yes/No)* | *(Yes/No)* | *Enter Text* |

* *Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Improves Patient/Community Health criterion.*

Enter Response Here