

# The Accreditation Council for Continuing Medical Education's Revised Reaccreditation Materials: Insights and Tips

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Since November 2008, the ACCME has completed accreditation and reaccreditation reviews based on the 2006 Accreditation Criteria for 513 providers in nine cohorts, representing about three-quarters of ACCME-accredited providers. During this time, we have sought to continually improve the process. We recently reorganized and simplified our reaccreditation materials to offer more user-friendly resources and tools. The new materials are being used by accredited providers receiving reaccreditation decisions in July and November 2012 and March 2013. The revised materials were developed in response to feedback from accredited providers, surveyors, the ACCME Accreditation Review Committee, the ACCME Board of Directors and ACCME staff.

The revised materials are organized in a four-part package:

## 1. ACCME Reaccreditation Timelines and Provider Milestones

A one-page, at-a-glance overview that highlights important steps in the process including communications you will receive from the ACCME and your deadlines

## 2. Guide to the Process for ACCME Reaccreditation: An Overview and Submission Requirements

A step-by-step explanation of the accreditation process, ACCME's expectations of you, and key requirements

## 3. Outline for the Self-Study Report for ACCME Reaccreditation

A guide that walks you through each of the seven components to the self-study report, identifying the descriptions, examples, and documentation that you need to include

## 4. Performance-In-Practice Labels

A template preformatted to print onto the labels that you need to submit your performance-in-practice materials.

The ACCME continues to rely on three sources of data to make accreditation decisions: the self-study report, the performance-in-practice review, and the accreditation interview. This article focuses on the revisions to the self-study report outline, addresses frequently asked questions, and offers tips for navigating the process.

## Creating a Dialogue

The self-study report outline has undergone the most revision. Our goal is to streamline the process and allow it to function more as a tool for creating a dialogue between you—the accredited provider—and the ACCME. We want you to tell us the story of your CME program, with the narrative you want us to read and learn about, supported with illustrative examples and attachments.

## Self-Study Report: Seven Sections

As the outline explains, the self-study report comprises seven sections. In the first section, a prologue, you begin to tell us your story by explaining the history of your CME program and providing an organizational chart that delineates your leadership and organizational structure.

In sections II–VII, you tell the story of your CME program in the context of the Accreditation Criteria. Section II focuses on the mission statement. Section III asks for narrative and two examples of activities that illustrate how you develop CME and ensure independence, specifically how you fulfill Criteria 2–7 (including parts of the ACCME Standards for Commercial

Support<sup>SM</sup>: Standards to Ensure Independence in CME Activities) and the relevant policies. If you feel that the two examples you selected do not give you enough opportunity to sufficiently describe how you apply the ACCME requirements to the development of your CME activities, you are invited to provide additional examples that offer different information or strategies.

The next two sections continue to address the ACCME Standards for Commercial Support (SCS) and related policies. In Section IV, you are asked to describe and submit your policies and procedures for complying with the SCS 3, if applicable, and SCS 4 (C 8–9). In Section V, you describe how you fulfill the requirements of SCS 5 (C10) and the content validation policy.

Section VI addresses the criteria for evaluation and improvement (C11–15). In this section, you will provide your program-based analysis explaining how you met each element of your mission, include data and information about changes in your learners achieved as a result of your overall program, describe opportunities for improvement, and specify the changes you plan to make or have already implemented to bring about these improvements.

## Section VII: Engagement with the Environment

Whether or not you aim to achieve Accreditation with Commendation, you are required to complete Section VII: Engagement with the Environment (Criteria 16–22) in the self-study report. We made it a requirement in order to encourage providers to think about their programs in terms of engagement with their environment. You may not realize you have fulfilled the requirements for 16–22, and

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submitting the materials gives you the opportunity to be considered for Accreditation with Commendation. Even if you are not awarded Accreditation with Commendation, you will receive feedback regarding your compliance and noncompliance with the engagement criteria, strengthening your potential to achieve six-year accreditation during your next review process.

Section VII in the self-study report outline asks you to describe your practices and cite examples related to each of the engagement criteria. You should be comprehensive and inclusive in telling your story about your compliance with Criteria 16 through 22. You should, for instance, describe all your different types of collaborative or cooperative relationships with other stakeholders (C20); describe all the different noneducation strategies your organization has used as adjuncts to CME activities to enhance change (C17); describe all the strategies you have implemented to remove, overcome, or address barriers to physician change (C19)—weaving examples of each into the narrative.

### Performance-in-Practice Review

For the performance-in-practice review, the ACCME selects up to 15 activities from your current accreditation term. You then submit materials documenting how these activities fulfilled Criteria 2–8 and 11 and the relevant policies.

We receive the greatest number of questions regarding how much documentation you need to demonstrate compliance for Criterion 7 (SCS 1, 2, and 6). For each activity that has been selected for review, we ask that you submit a list identifying all persons in control of content with their names and their roles, such as planners, faculty, reviewers and staff. We need to see evidence that will demonstrate that you have identified those individuals' relevant financial relationships, implemented your mechanism to resolve any conflicts of interest, and disclosed the presence or absence of relevant financial

relationships to your learners. It's up to you to choose the documentation that demonstrates that information—you can submit completed forms, spreadsheets, communications to/from the individuals, and/or disclosure information supplied to learners. For example, if you use a table or spreadsheet to keep track of disclosures and mechanisms for identifying and resolving conflicts of interest, you could include that document in your self-study report. You should not create any new documentation—send us what you already use.

### Plan Ahead

You will receive a series of communications from the ACCME beginning 15 months before your accreditation decision, including next-step reminders and deadlines. Make sure you plan ahead so you can meet these deadlines. If you anticipate not being able to meet your deadlines, you may request an administrative extension. Please contact us as soon as possible with your request.

To be your own best advocate, review the materials, follow the outline carefully and take the instructions literally. Write your narrative in clear language, making your points as simply as possible.

To help streamline the process for you and the surveyors, we now require that materials submitted in the self-study report not be more than 1.5 inches in thickness, reduced from two inches in the previous formats. There are seven tabs in the revised self-study report, one fewer than in the previous report. Behind each tab, include only the information and materials related to that section. Make sure you include a table of contents and that you have numbered every page, including attachments. There are many people who review your materials, and it's important that everyone is on the same page—literally and figuratively.

If you have any questions related to the accreditation process, please contact [postmaster@accme.org](mailto:postmaster@accme.org).

### Resources and Support

Over the past few years, we have greatly expanded our educational resources to better meet your needs. Take advantage of the face-to-face and online support that we provide.

- CME as a Bridge to Quality™ Accreditation Workshops
- On our website, [www.accme.org](http://www.accme.org), and on our Education and Training web pages, <http://education.accme.org>, you will find the reaccreditation materials for your cohort, a SCS tool kit, video FAQs, tutorials, and more. Here are three examples:
  - Tips for the Accreditation Process: <http://education.accme.org/video/common-misconceptions-about-accreditation>
  - Accreditation Findings Based on the 2006 Accreditation Criteria: [www.accme.org/dir\\_docs/doc\\_upload/db2d853a-d348-45b9-a3bd-404a8b350c1d\\_uploaddocument.pdf](http://www.accme.org/dir_docs/doc_upload/db2d853a-d348-45b9-a3bd-404a8b350c1d_uploaddocument.pdf)
  - The National Accreditation System: <http://education.accme.org/ACCME-at-work>.

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### Points for Practice

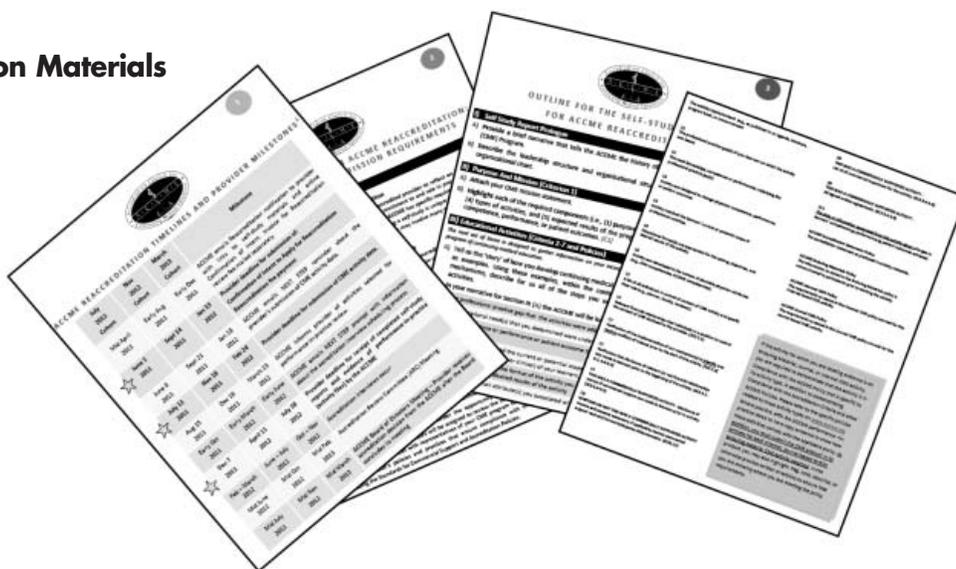
- Review the current accreditation materials now so you can prepare effectively for your next accreditation review.
- Follow the self-study report outline carefully, and take the instructions literally.
- Reach out to the ACCME with any questions or concerns about the accreditation process.
- Take advantage of the ACCME's face-to-face and online educational resources.
- Most importantly—use the accreditation process to *tell your story*.

### The Accreditation Decision-Making Process

The ACCME uses a rigorous, multilevel process and a criterion-referenced system for ensuring that accreditation decisions are fair and accurate. Accreditation decisions are determined through a review by two ACCME committees: first, the Accreditation Review Committee (ARC), and second, the Decision Committee of the Board of Directors. All accreditation decisions are then ratified by the full Board of Directors. Throughout the process, ACCME staff members provide oversight, support, and guidance to surveyors and committee members.

The ACCME implements quality control measures to ensure that accreditation decisions are consistent and impartial. For example, we produce color-coded grids showing the compliance and noncompliance findings for each criterion and the final accreditation decision for each CME provider, so the ACCME staff, ARC members, and Board members can compare accreditation decisions, making sure that providers with similar findings receive the same accreditation status.

### Accreditation Materials



### Accreditation Timeline

