



Simplification of the Accreditation Requirements & Process

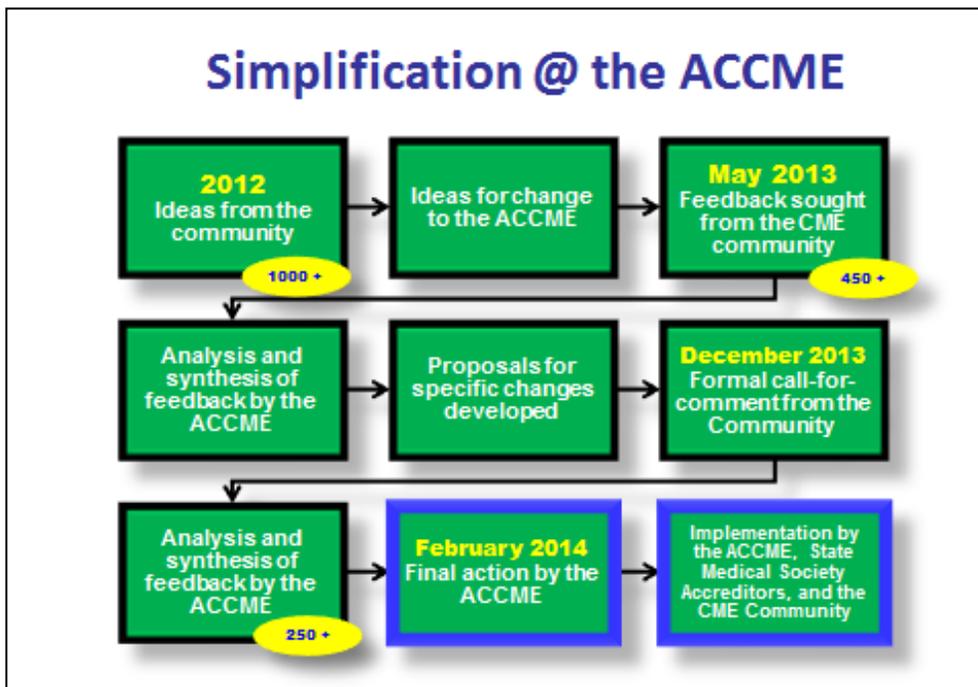
Annotated Transcript and Slides from Webinar Delivered on March 11, 2014 by

ACCME President & CEO, Dr. Murray Kopelow

Original Webinar Available for Archived Viewing at: <http://www.accme.org/education-and-support/video/commentary/simplification-accreditation-requirements-process-archived>

MARTIN: This is Marcia Martin I'm ACCME's Manager, Provider, Education and Outreach and I'm joined today by Murray Kopelow, ACCME's Chief Executive, to discuss with you some recently announced changes to simplify the accreditation requirements and processes. In order to do that we're going to first provide you with some information about the journey to simplification to date and then review the changes with you. Once we've gone over these changes we're going to open up the Webinar for some interactive question and answer. With that I'm going to go ahead and introduce to you our Chief Executive, Murray Kopelow, and turn things over to him. Dr. Kopelow.

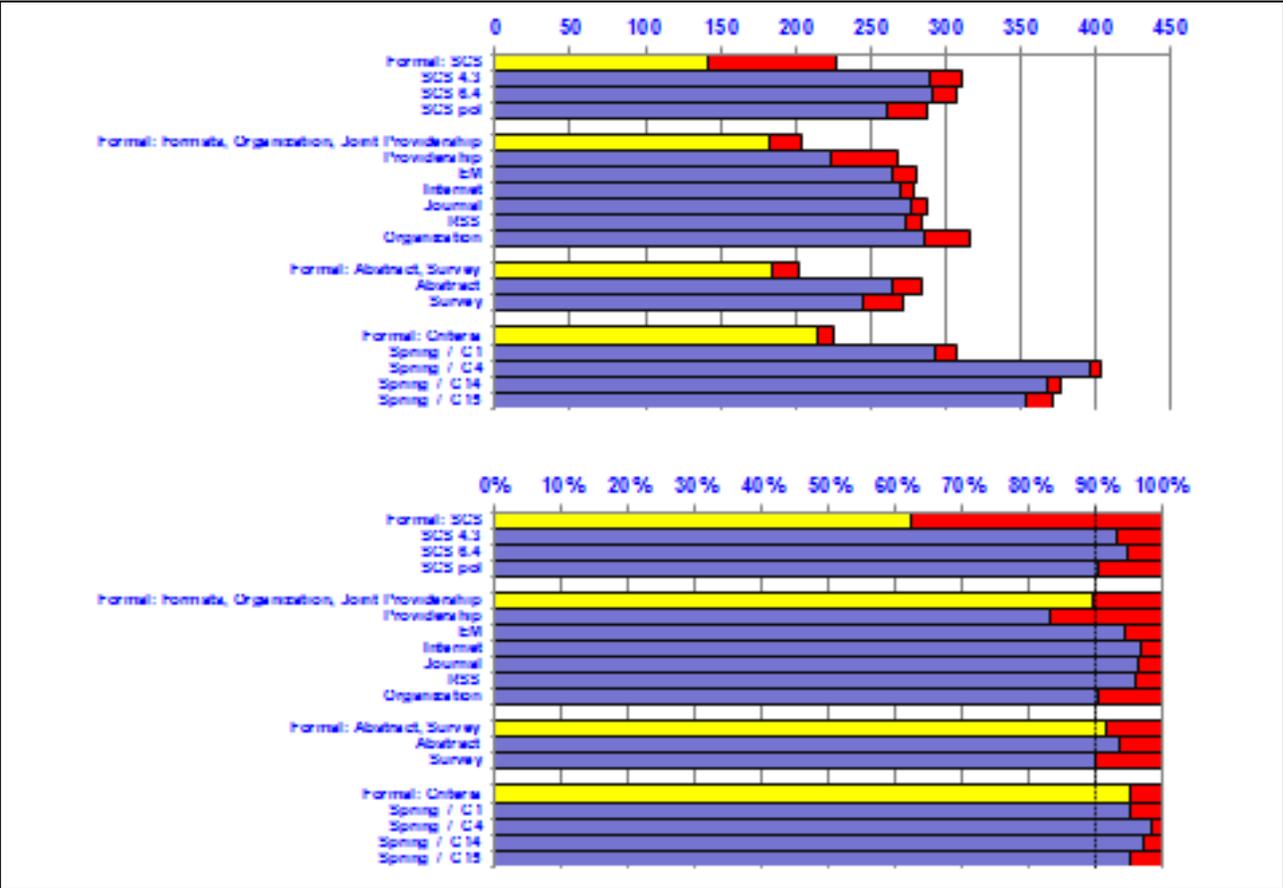
KOPELOW: Thanks very much, Marcia. Hello everyone thank you for joining. I'm honored to be here to be able to discuss with you our simplification actions here at the ACCME and to update you on what we've adopted and our plans for going forward.



As you all know that we began this process of simplification back in 2012 when we, during our discussions with the CME community we reached out to over a 1,000 people and got a wide range of ideas for change that could occur in the ACCME. We presented them back to you they're ideas for asking us to be clearer, to maintain the expectations of

the Criteria and the Standards for Commercial Support, evolving some of the areas of Commendation, a wide range of ideas. And we formulated those into some changes that we informally circulated to the CME community in May of 2013.

And 450 people responded back to us and we were able to analyze and synthesize that feedback and create those specific proposals for change that our Board acted on and adopted in December of 2013 and asked us to send them out for a formal call for comment from the CME community. We sent it out in December and gave everybody extra time over January and February. And we got back another 250 responses that we have analyzed and presented to our Board of Directors.



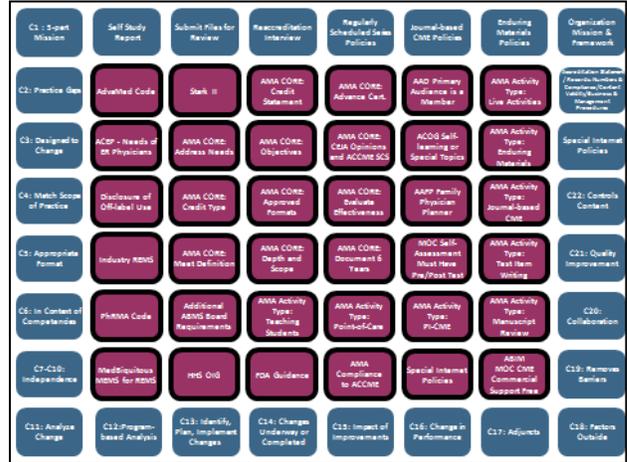
And this is two pictures of what the feedback looked like. The same set of data, two different graphs: the top presents the responses in absolute numbers, the bottom as percentages. Red are the people who said no or don't, the yellow is the response to the formal call for comment, the blue bars are the response to the informal in May of 2013.

The message from the top is that 400 people responded, at least 400 people responded to the informal call for comments and about 225-250 people responded to the formal one, the yellow and the red. If we go down to the bottom one, the first big message is that dotted line on the right hand side that's at the 90 percent mark and you can see that, although this isn't a vote, it was clear from the nature of the feedback that over 90 percent of the people agreed with virtually everything that we proposed; both in the informal call and the formal call for feedback. The two ones that are distinct are the top one – the Standards for Commercial Support – and it has to do with the corporate logos, and the one below that is the issue of using the term “providership” or “joint providership” which had some negative reaction from some people who thought that the word was something new and different, they didn't want to use it. So, on the basis of this the Board acted to adopt the policy. They took final action in 2014 in February and they adopted the proposal; they did not act on the issue of the logo and will continue the conversations about that. But now we're

at the stage which this call is a manifestation of; of the implementation of the simplification by the ACCME, our State Medical Society accreditor colleagues and the CME community as a whole. And that implementation and simplification we want to talk about now. I'd like to go through and talk about the things that we've removed and the things that have stayed across all of the changes and then we can stop and have questions and discussion afterwards.

Now if you remember when we started this process we presented to you a little of our discovery process that we went through where our requirements shown in this schematic in blue surrounding the picture are, those are our ACCME requirements. But in the center, in the maroon, we recognize the wide range of requirements that you as accredited providers have to meet. And we don't have any control over those but we are sensitive to the fact that those are additional requirements for you to meet.

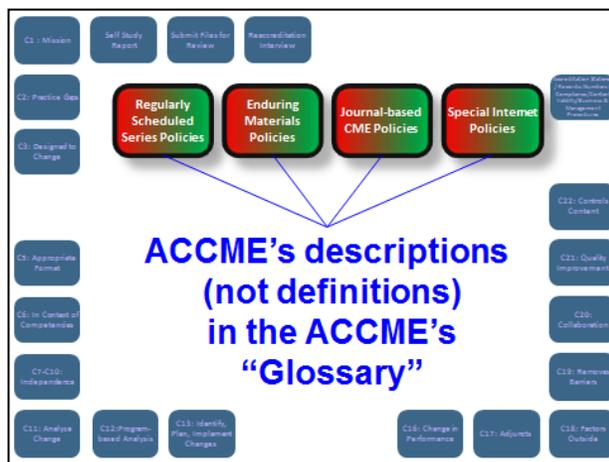
But our task was to simplify that which we had control of. And we have acted in this wide range of simplifying Criterion 1 the mission statement, dropping three of the Criteria – 4, 14 and 15. We've simplified our policies relating to the types of educational activities. We've agreed to offer templates for documentation submission as requested. We've dropped the mandatory on site interview for the initial applicants. We've dropped one of the leftover from System 98 – something that was on the books since 1998 – that we'll talk more about. And we've finally gotten rid of the word “sponsor” inside of our lexicon by changing to this “providershship” term.



So, I'd like to walk through these; talk about how we've gotten to this result of this sort of simplified block of accreditation criteria that are our expectations of you and will be the algorithm that you'll use – the framework that you'll use – to continue to plan your educational activities.

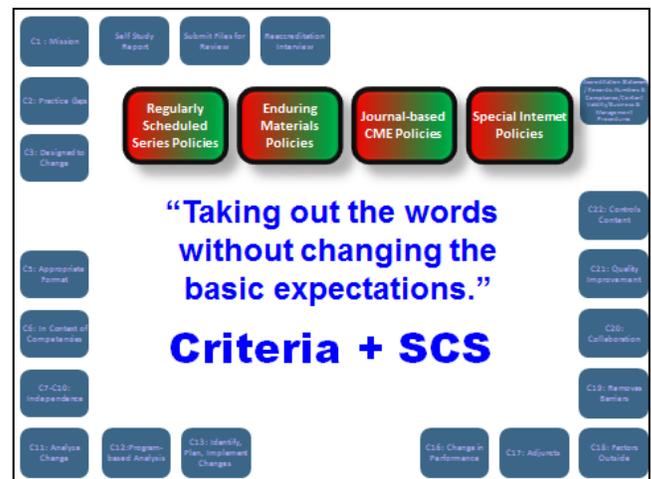
So as we go through, I'm going to try to present first what we've taken out with this red color, with the little red "Removed" icon. And this is the first one, The Organization Mission and Framework or the 3.1, that was part of Essential Element 3.1. You know it says accredited provider must have an organizational framework for the CME unit that provides the necessary resources, by taking out this requirement we still expect that you're going to have adequate resources and that your parent organization is going to support you. But we're

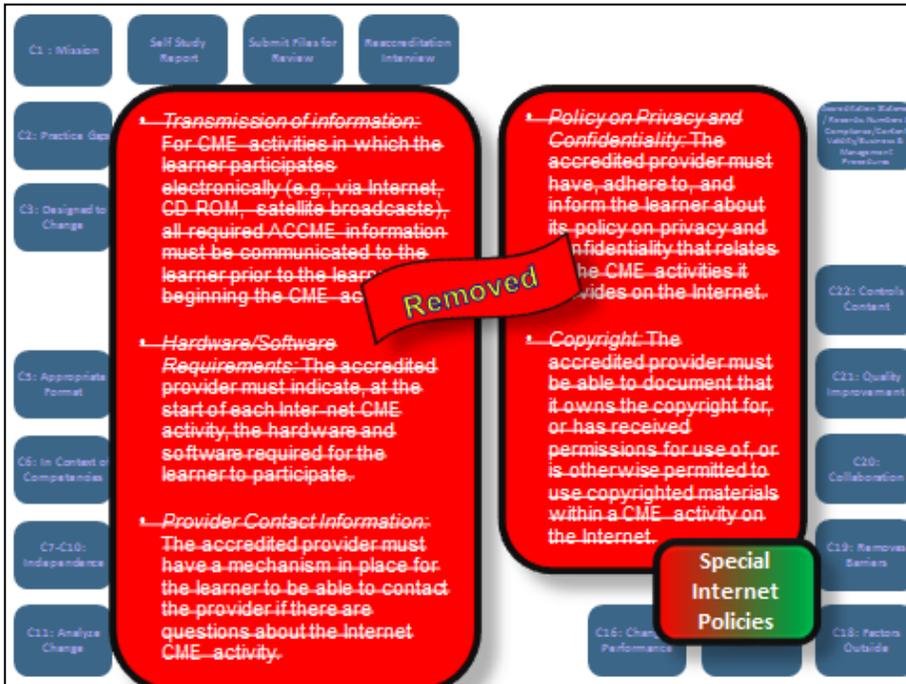
just simplifying our process and our rule, by not making this part of our interaction with you. This was part of a different time when this was adopted before the Standards for Commercial Support, before independence was talked about, when parent organizations could be organizations that were marketing products and this isn't applicable anymore, it doesn't have an added value. So, out it goes.



them, that there are ways that we describe them in our Glossary. We'll ask you to be able to identify the type in our database system, in PARS, and you'll find them now in our Glossary. And we've taken out some of the words that are descriptive of these things and are not our requirements without changing our basic expectations. When we adopted the Standards for Commercial Support in 2004 and the Criteria in 2006, they supplanted all these other additional policies that had been put into place in 2000, in 2002.

With respect to these descriptions of other formats of education, that we've taken the descriptions, not definitions, but descriptions and put them into our Glossary. We think it's important to recognize that there are many formats of educational interventions. One of the very important reasons is for us to be able to show that our system is not just about lectures but rather is making use of new technologies and a wide range of educational activities. So, we want you to understand the differences between

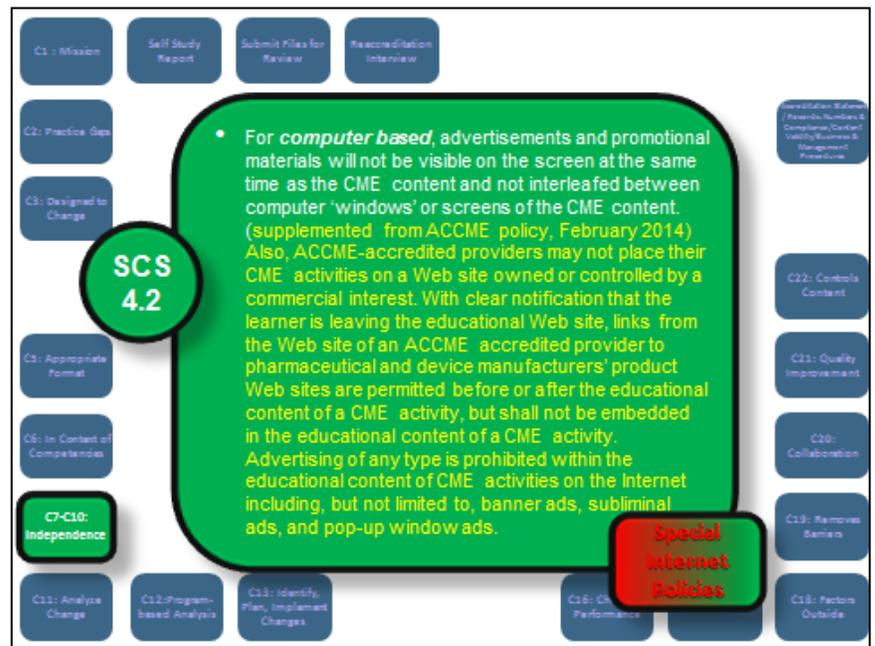


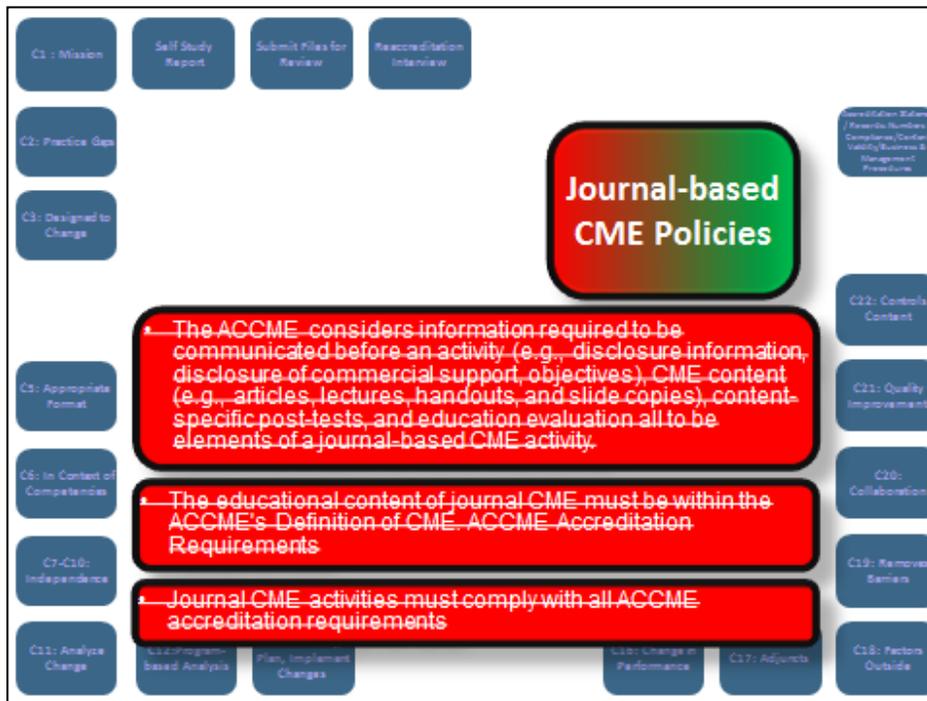


And that's how we're simplified by, and here's an example: there were these special Internet policies that we enacted in 2000 about transmission of information stating the hardware requirement, provider contact information, policies on privacy and confidentiality and being aware of copyright requirements. We expect that this has now become common practice. When we enacted this Internet activities were new. Now, this is the way we are all

required to act. And that we don't need an ACCME policy to have this in place. And so, we've removed these as a set of requirements. You will still tell your learners about the hardware requirements or they won't be able to interact with your activities. You'll still give your provider contact information. Everyone has a policy on privacy and confidentiality. And being able to document your copyright is something that you all do without it being a requirement of the ACCME.

But, there were parts of the Internet policies that were just descriptions – and very important descriptions – about the separation of promotion from education and we've got Standard 4.2 and we've got these words that were in the Internet Policy that we've just rolled into the Standards for Commercial Support. We're not editing the Standards for Commercial Support, so we've just supplemented the element of the computer-based education with this information about how to ensure the separation of promotion from education. So instead of being tested for evaluating for being out of compliance with the policies and the Standards, we've simplified it so that this is all about the independence and the separation of promotion from education in Standard 4.2.

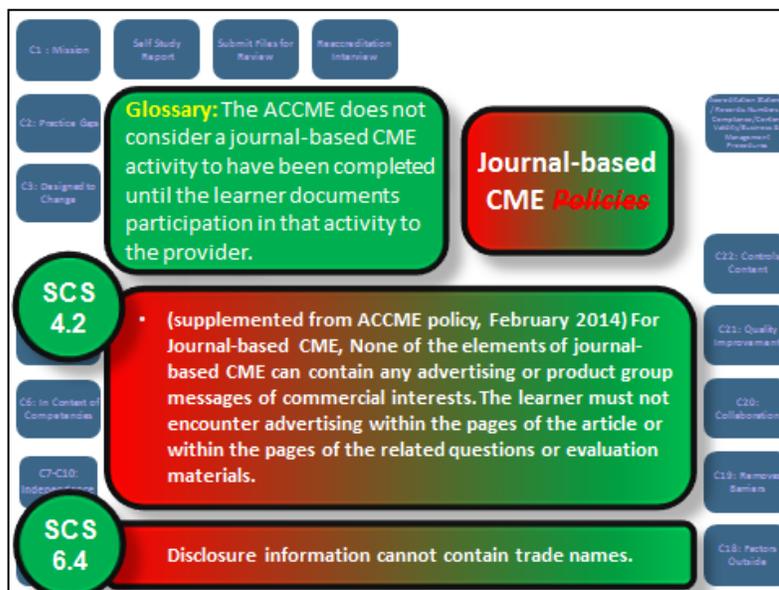




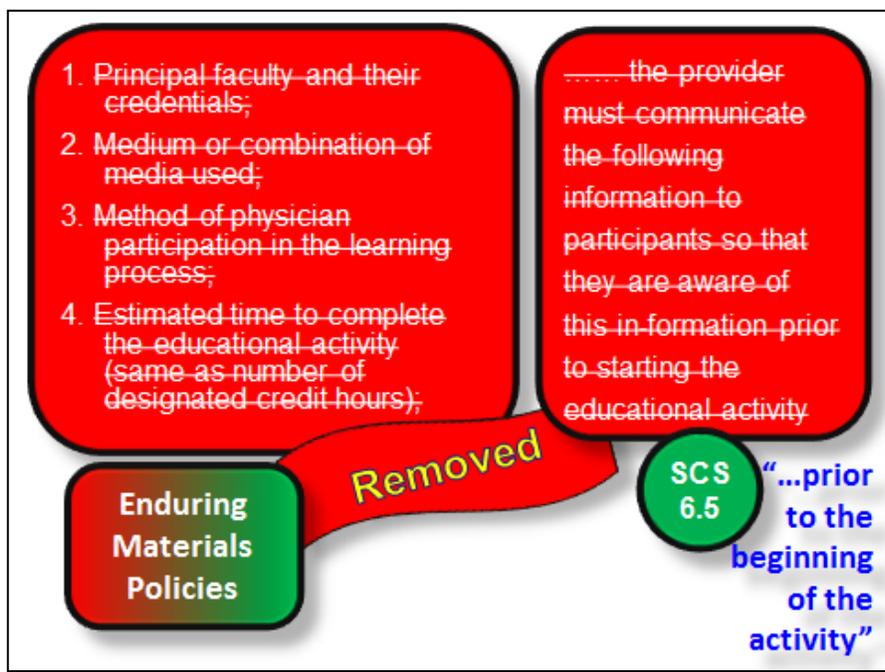
Another thing we've removed in Journal-based CME is some of these policies that were redundant and unnecessary. This policy about information required to be communicated before an activity is, and all of the elements of an educational activity, were important in 1997 when we first started to talk about Journal-based CME. But now it's understood and it's become common practice. And the

educational content must be within the definition of CME and must comply with all ACCME accreditation requirements are again, requirements of all educational activities. So, we don't need to have anything specific and special for Journal-based CME in this regard.

One of the things that we've kept in Journal-based CME, again we've added to the Glossary this part of the definition or description of a Journal-based educational activity, that it's not completed until there's the documentation of that completion. So opening it up and seeing I've started to read is not completing a Journal-based activity. But these other two elements belong as part of the Standards for Commercial Support compliance. So not having any advertising or product group messages inside the elements of journal CME is just a separation of promotion from education and that's how it will be implemented at the ACCME. And having a special line that says disclosure information cannot contain trade names, well that's in the 2004 Standards for Commercial Support. It was, when we adopted this policy in 2000 we hadn't said it anywhere. So again simplifying our language getting rid of a specific policy for a special format, but still providing the guidance on how to be compliant with these elements of the Standards for Commercial Support.



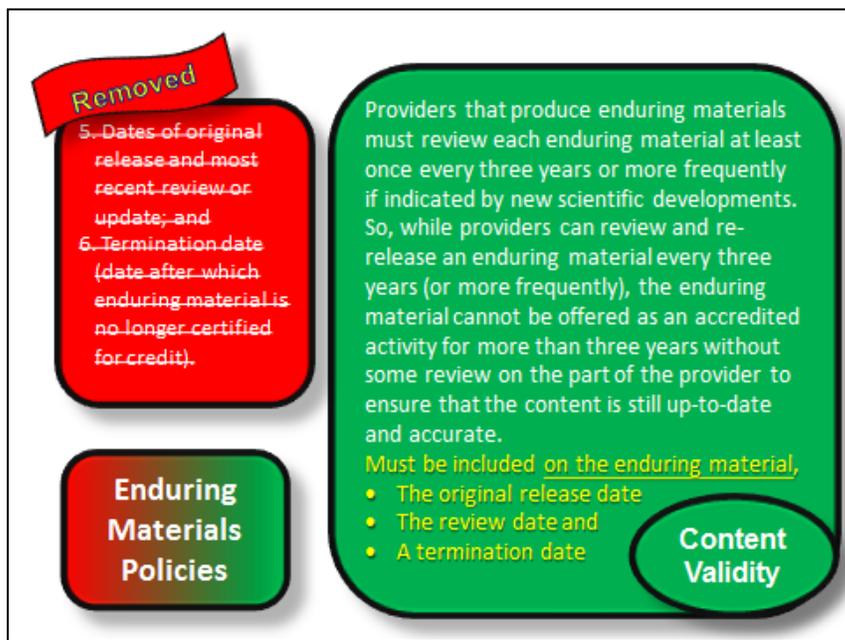
With respect to Enduring Materials, Enduring Materials was the very first special format that continuing medical education at the ACCME had policy on. When I joined the ACCME in 1995 there was a special Essential on Enduring Materials which was just a recapitulation of all the other Essentials. And in 1998 when the ACCME adopted its new policies it took the position that we



didn't need special policies for each of the individual formats. And we generalized them, all of our requirements, to all of the formats. And these specifics were part of the time when Enduring Materials were new. So, having a requirement to say principle faculty, the medium, the method of physician participation, estimated time to complete – and saying that was the same as designating credit hours – is just not necessary anymore, because they're part of the learners' sophistication with

dealing with Internet activities, with paper materials, it's not necessary for us to say that anymore. And this one on the right, having a specific comment about communicating disclosure information prior to, that got rolled into Standards 6.5 of the Standards for Commercial Support where all the disclosure has to occur prior to the beginning of the activity. So, it hasn't, it's not that we've gotten rid of disclosure before the educational activities starts, it's just that we don't need a special policy to say it and it's part of the compliance Standard 6.

More on Enduring Materials, and this is an important part because this is something special; this is something we've retained. There was redundancy in our policy in the top left you can see that having the date of original release at most recent review we said in one place and the termination date, we said that in another place. On the right hand side is what we've retained. And what this is, this is not about Enduring Materials as much as it is about the content validity of Enduring Materials. When this policy originally got written we didn't have the validity documents and policy and statements. And what our point



is here is that, for an enduring material the learners need to know when it was originally released, they need to know when it was last reviewed, and they need to know the termination date – the date after which it is not an accredited continuing medical educational activity. And that continues to need to be stated on enduring materials.

But there's useful information about most of this – about the original release date and the review date – in the copyright statement. I just wanted to point out this copyright statement up at the top means that something was released in 2010 and reviewed in 2012 and 2014. The one in the middle says it was released in 2010 and reviewed in 2014. The one at the bottom means it was released in 2010 and reviewed in every year up to and including 2014. So, the copyright statement fulfills the first two bullets: the original release date and the review date.

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Enduring Materials Policies

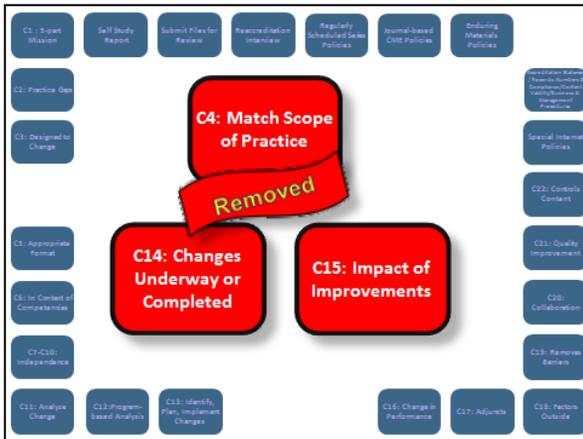
Providers that produce enduring materials must review each enduring material at least once every three years or more frequently if indicated by new scientific developments. So, while providers can review and re-release an enduring material every three years (or more frequently), the enduring material cannot be offered as an accredited activity for more than three years without some review on the part of the provider to ensure that the content is still up-to-date and accurate.

Content Validity

Must be included on the enduring material,

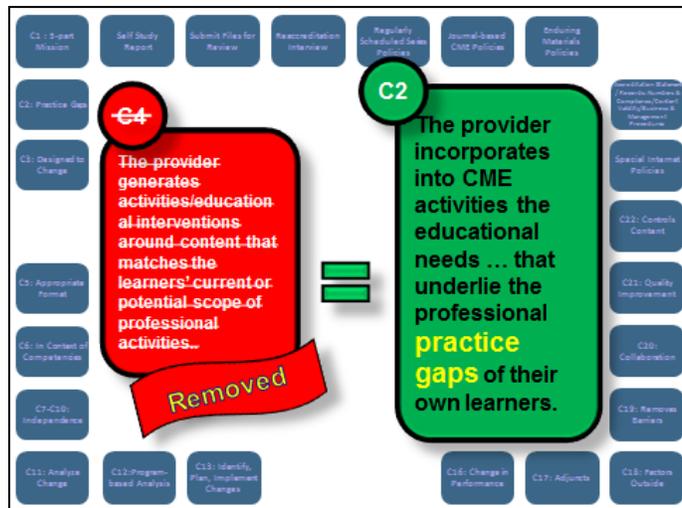
- The original release date
- The review date and
- A termination date

But, it doesn't deal with the termination date. So, that needs to be specifically there. We used that at the ACCME, the copyright date, for quite a long time. So, this is now found in the accreditation policies inside and associated with the content validity policies, that's the enduring materials content validity policy.



The specific changes that we made to the Criteria are with the removal of C4, C14, and C15. So let's spend some time talking about these, now.

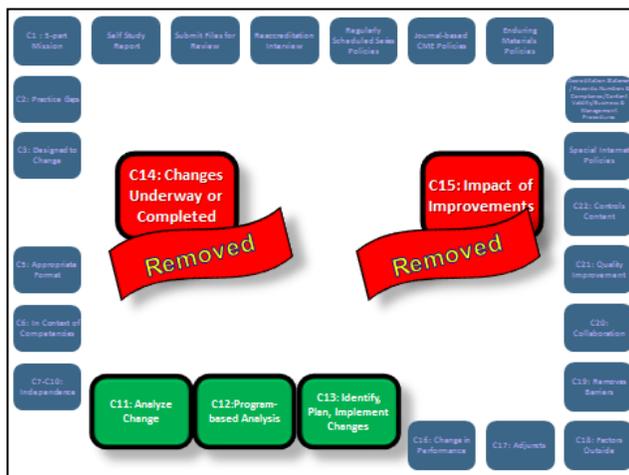
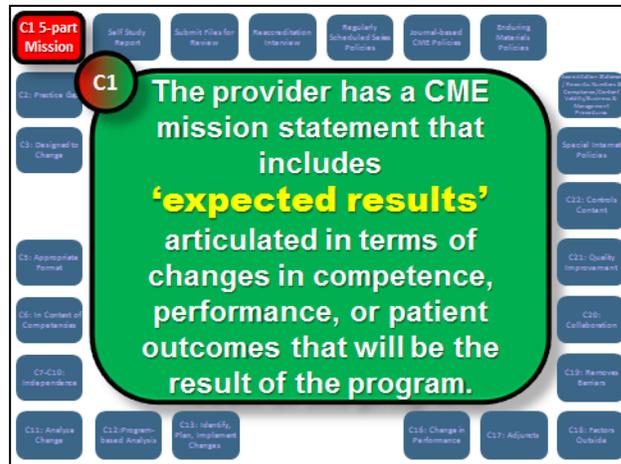
The first is C4 with the reference to the scope of practice is removed but that doesn't mean that we don't have a link to practice. We have that link to practice in Criterion 2 where you incorporate in the CME activities the needs that underlie the professional practice gap. And these were redundant; you couldn't have an educational activity that was relevant to the scope of practice and be dealing with professional practice gaps. So, this is an explicit simplification; one less criteria without lowering the standard of this CME system. And it is incredibly valuable to Maintenance of Licensure, Maintenance of Certification, Credentialing, for the entire spectrum of organizations and systems of continuing professional development that that value accredited



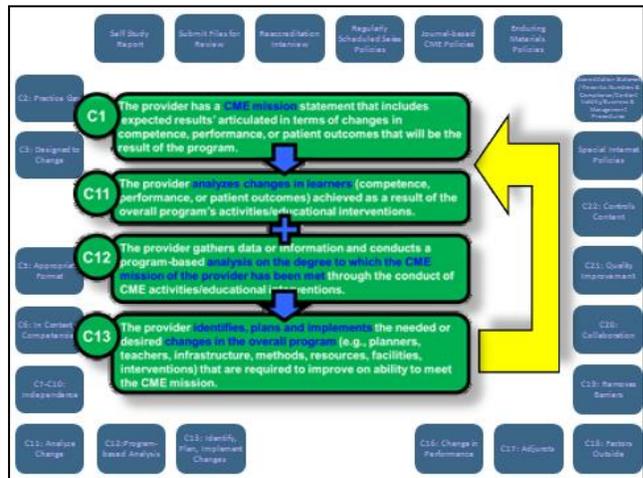
continuing medical education. It's quite important to them that accredited education is linked to practice through this Criterion number two.

In Criterion 1 we simplified the statement just so that we focus and make you include a reference to expected results articulated in terms of competence, performance, or patient outcomes. This is what our system cares about is that you have an impact if you are change agent and you can have any other element in your mission statement that you would like and but, what we're going to be looking for is your articulation of expected results and it will be important in the measurement and assessment part. Because we've

taken out these two criteria about seeing if changes are underway or completed and looking to see if you are measuring the impact of improvement and focused you on this improvement cycle that includes: having the CME mission, analyzing the changes in learners – Criterion 11 – and with Criterion 12 doing an analysis to see the degree to which the CME mission has been met.

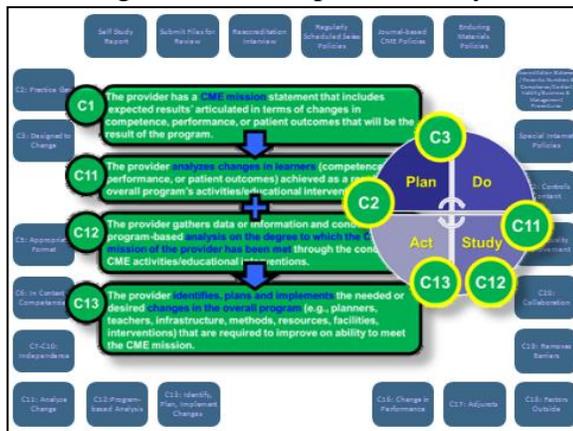


if you are measuring the impact of improvement and focused you on this improvement cycle that includes: having the CME mission, analyzing the changes in learners – Criterion 11 – and with Criterion 12 doing an analysis to see the degree to which the CME mission has been met.



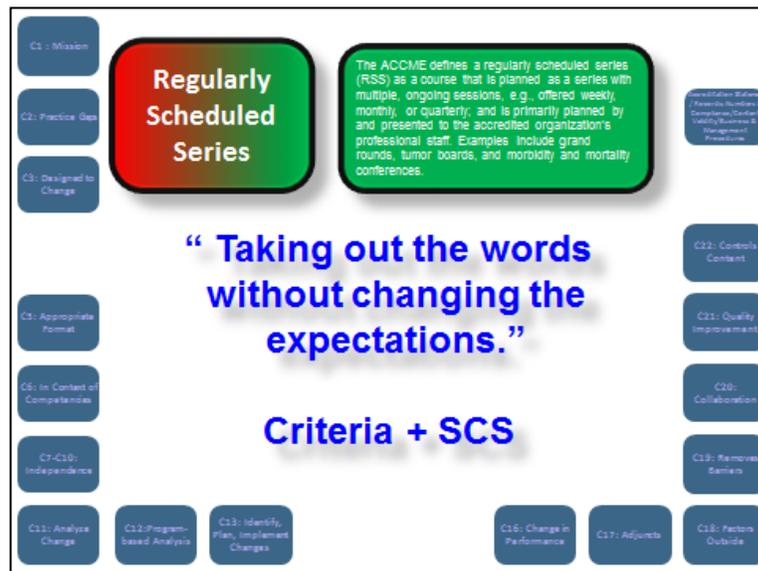
So, if you wanted to change performance you evaluate your activities for the changes that you have achieved and then you look at how you articulated your mission and what your goal was and make that judgment. And then, using Criterion 13 that has a strategic plan process in it: the provider identifies plans and implements changes in the overall program. That's this PDSA or the organizational improvement cycle that we've been stressing so much in our conversations

over the last few years. So, Criteria 2 and 3 about identifying the needs that underlie the professional practice gaps, planning educational activities to change competence, performance, or patient outcome – that's the planning or the doing of the education – studying your impact at the activity level in C11, and studying the impact at the program level to evaluate whether you've met your mission, and then in Criterion 13 through the identification and planning implementation of changes you're acting to improve. And that Deming and Shewhart's



plan-do-study-act type, a PDSA cycle. Of improvement that makes your system parallel to what's going on in accredited, excuse me, in quality improvement in the healthcare systems.

Now, let me take a moment for those of you who are involved in providing Regularly Scheduled Series. That in 2002 we responded to requests from the CME community to do what we could to help simplify the organizations' lives that were putting on 1,000s of sessions inside their



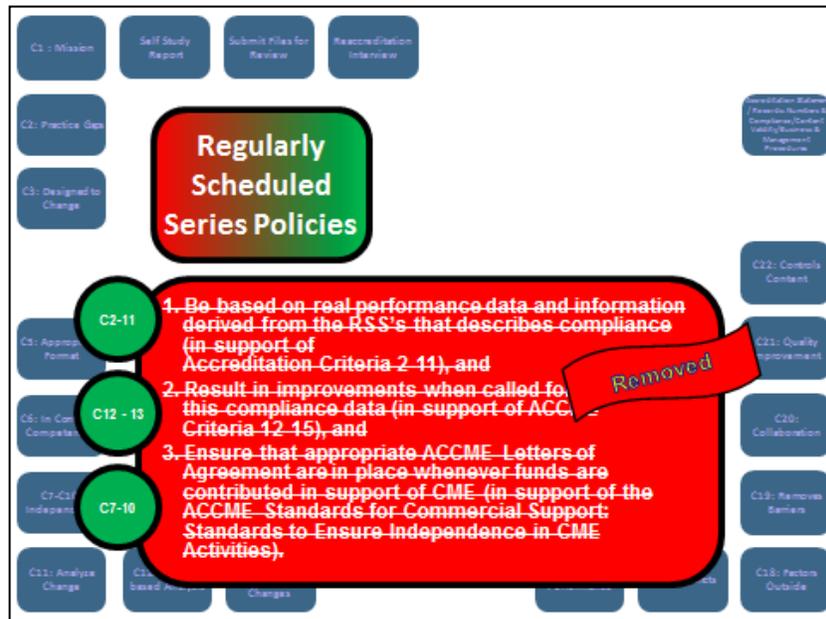
institutions as these Regularly Scheduled Series. And we offered to the system that if you would have a process to plan your activities, to study their compliance, and act to change your compliance then we will look at that system and that will be our expectation. When in 2006 when we came out with the updated Criteria that Plan-Do-Study-Act applies to your whole program and to all activities. So, we've been able to take out this layer of expectation, this layer of: have a system for the Regularly Scheduled Series, without dropping the Standards. So the Criteria and the Standards for

Commercial Support apply to the Regularly Scheduled Series and we want to focus you on

promoting change not on documenting compliance. It's our job at the ACCME to identify whether or not you are compliant with our requirements. We're now offering you the tools in our abstract performance and practice documentation to guide you so you don't, there's not overkill in keeping documentation. But it's these Criteria: the practice gap that you design things to change, that you use the right format, that you plan in the context of the competency and you ensure the educational activity is independent, is the first platform on which you base all educational activities. And then you incorporate an analysis of change, your program-based analysis, and plan changes with respect to your whole program and the Regularly Scheduled Series, and then provide information to us about this set of activities exactly the same way you will do for all others in your reaccreditation process. And we would really leave it to you to decide which set of sessions make up the educational activity. So it could be all the neuroscience ones; it could be all the surgery ones, those are each different series or they're each different activities in your mind or you could put them all together and say: This is how we plan our educational activities and here's the documentation of compliance. And there should be a simpler process for you and it will be simpler here at the ACCME.

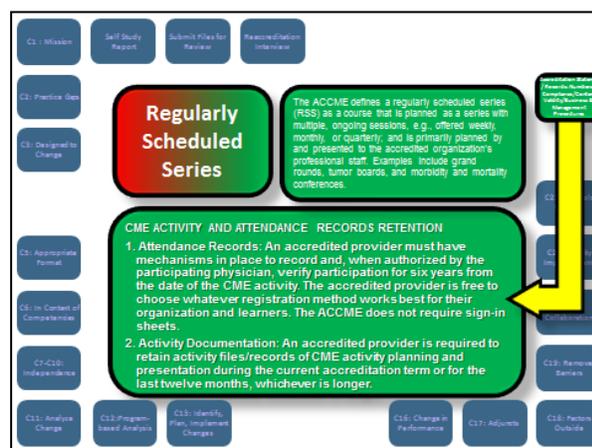
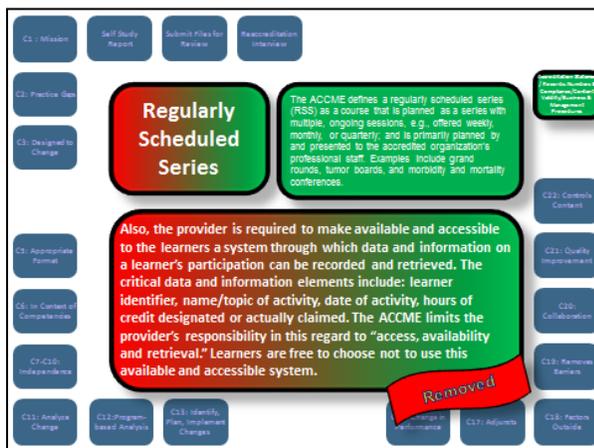


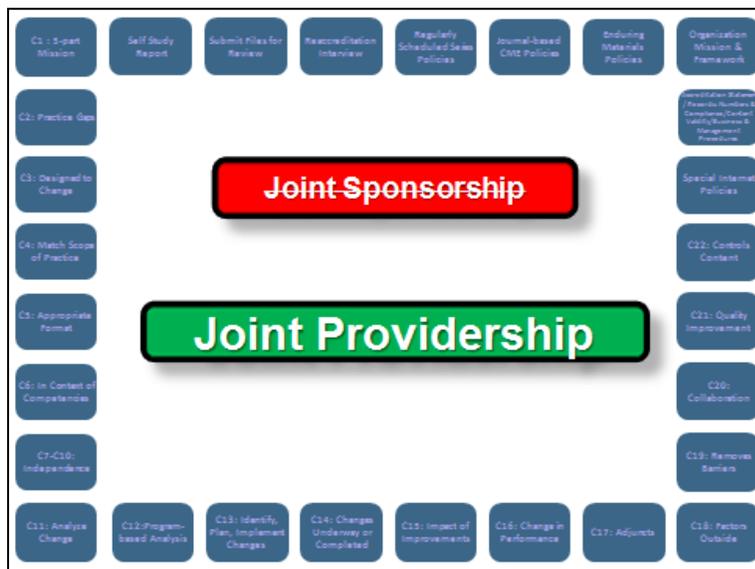
We've been able to take out at least these three specific requirements that were written prior to the Accreditation Criteria being put into place. So it'll be based on real performance and data information that the resulted improved performance called for that you ensured that you had the appropriate letters of agreement; all of these are still expectations, but they belong Criteria 2 to 11, the activity requirements, in 12 and 13 which are the self-assessment ones and the ones for Standards for Commercial Support 7 through 10. So, regularly scheduled series should be a simpler process for you. You don't have to have, we're not going to review a system and say your system is not in compliance. We know you all have systems in place for all of your activities to ensure that they are in compliance. There's a wide range of them, some people are, run a very tight direct observation



system, some people say: we choose the right people, we have proper needs and we know the professional practice gap, we resolve conflicts of interests, and we trust and we know we're going to be in compliance and we will have the documentation of that at the end. These are, both of these represent the range of options open to you to decide and determine the compliance of your program, the maintenance and compliance of your program regardless of the activity type.

This last one of our regularly scheduled series talks about having, there was a policy that was talking about having making available and accessible the information about the learners participation, but we have a policy on that. That's always been on the books. It doesn't need a separate policy for the Regularly Scheduled Series and it states that you'll have attendance records and that you'll have activity documentation. And it's exactly the same for every activity, so we didn't need to have two different policies to address the same intention at the ACCME. Again, a simplification for you and for us.





And this last one is probably the simplest is that we've removed the word Sponsor from our lexicon and talk about activities that are Jointly Provided. That are planned by other organizations with an accredited provider and we're using this term Joint Providership or Jointly Provided to describe that situation.

Where I go and hear people in this country in others' accreditation's systems, in other professions, in other countries, in other continents; there's a continuing confusion about what people mean when they talk about

sponsor. And they, sometimes it's the accredited provider, sometimes it's the funder, sometimes it's an institution that's allowing it to occur. And at the ACCME language we're trying to keep it simple. We don't want you to throw out or destroy documents that you have already printed that uses the term Joint Sponsor. We expect that that what we would like to do is give you to January 2015 after which we would want to see the use of the provider term and not the sponsor term.

There's more to come with respect to the Engagement Criteria, 16 through 22. We circulated a couple of examples with the first calls for comment but there was an excellent and rich feedback that many of you provided to us about the scope of areas that could be awarded in Accreditation with Commendation.

And our Board has agreed that a menu approach, that you agree with it, and that we're willing to offer a set of Criteria from which you can choose. And the ACCME is currently working on those and we hope soon to start this process again of an informal call, sharing with you what we've got, considering it and then acting then to adopt. And that will be something we will all engage with in the near future.



So the result of this process, as I said is this smaller set of requirements: Six that refer to these to the design and the implementation of the educational activity.



Three that represent the PDSA cycle and the accredited continuing medical education under the umbrella of the ACCME.



That we will continue to have these Engagement Criteria and the requirement to share information and have a proper business and management procedures, we're not changing that.



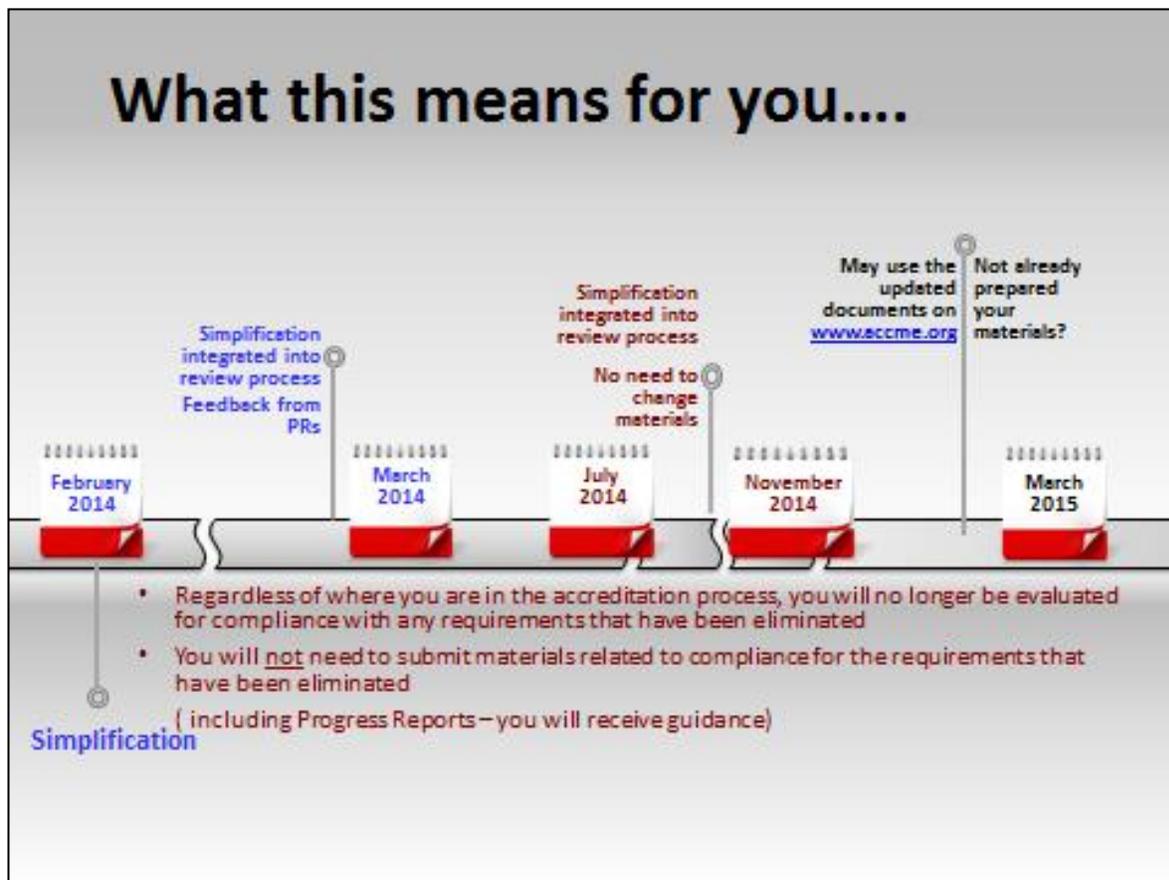
And we'll continue as you all said to have our reaccreditation process using the interview and submitting files of documentation, to use the self-study report that the three data sources that you find valuable for the process.



So our system has been simplified and we look forward to in the future to seeing the results of this simplification and to engaging with you in what we think will be exciting new Criteria for Accreditation with Commendation.

Now, what does this mean for you, of the implementation? We've simplified by taking action this February and what you need to know, that regardless of where you are in the process: if you've submitted information, if you have already been reviewed at our ARC in the last meeting, you're no longer going to be evaluated for compliance with the requirements that have been eliminated.

And that goes for all of the accredited providers in the country, goes in the ACCME system and in the State Medical Society system. You will not need to submit material for the requirements that have been eliminated. So even if you have documents that you are preparing for submission, you don't need to submit anything that is relevant for compliance for things that we've removed. And for those of you who have had requests, or demands, for progress reports for areas of noncompliance with these things that we've removed, you will receive individual guidance about what to do for your progress report. There is less than a handful who were only out of compliance with one of the things that was removed. So, most of the people with a progress report will still have to submit one. But you will get individual guidance about what to do.

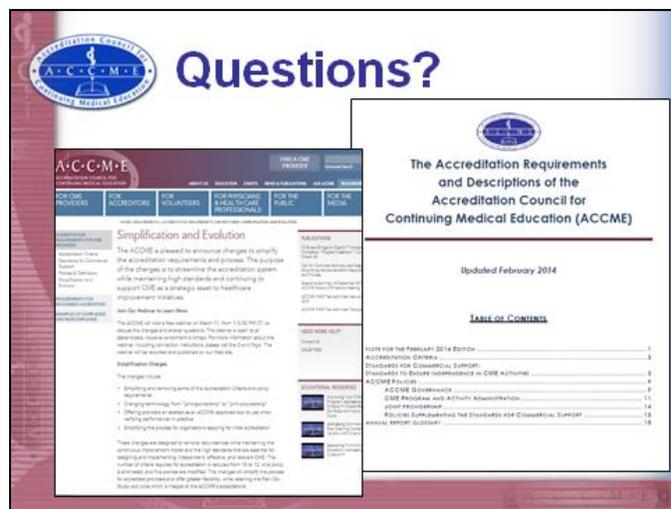


For the March 2014 cohort that we've already had our ARC meeting about and are going to have our Board meeting about next week, we integrated into our review process these removals. So, you are not judged and you will not be judged based on compliance or noncompliance the things that we've removed. And we will, for those of you who have submitted progress reports, give you feedback in the progress report about your compliance with the things that we removed, but that's just for your edification. It was already there and we're just going to share it with you; but it's nothing you have to act upon. Like giving you a sense of satisfaction that you came into compliance.

For the cohorts in the future – for the July 2014 and the November 2014 – again, we've integrated simplification into the process for you when our Board will not come to a noncompliance finding for something that's removed, our Accreditation Review Committee will not come into compliance, will not have a finding. Our surveyors have been, we've discussed this with our

surveyors and our forms will be changed. But you need to know that if you've submitted things you don't need to change them. We'll take care of it. Even if you've described something that's out of compliance with Criterion 4, nothing's going to happen to you, so don't worry. And for the group for March 2015, we've updated our documents on our Web site and you can use them. And if you haven't prepared your materials you can use them; if you've already prepared your materials, don't redo them. We'll take care of it. And for the cohorts after that only the updated documents will be available. And by the time we get to there, we will have changed all of our automated systems from surveyors on our Web site and all our internal reports and we will, we're trying to implement simplification in the simplest fashion possible as well. And you'll see all that is manifested. But what's important for you all to know that none of you are going to fall through the crack of getting caught being out of compliance with something that's no longer a requirement. We won't let that happen to you.

On our Web sites there is already information on simplification and how we evolved to it. There's



a new set of Accreditation Requirements that were updated February 2014 that are on our Web site. We posted our abstract for the documentation review with a Word fill form; it's a first iteration. We wanted to get it to you. We wanted to have it available to you so that you could use it because you were quite, you expressed quite a desire to have it when we first talked about it. And we will become more sophisticated as time goes by with apps and other kinds of ways of doing it. And we look forward for your suggestions for improvement in that domain as we go forward.

So that's the content of the presentation – Marcia.

MARTIN: Ok great thank you so much, Dr. Kopelow. So, now is the portion of the Webinar where we're going to go ahead and take some of your questions and comments regarding the information that Dr. Kopelow presented. As I mentioned at the beginning of the call the way that we will facilitate this is using the hands, the raise hands function and I do see some hands already up. Remember if your arrow is green and pointing up that means your hand is down and you can raise it. So, make sure that if you do not want your hand to be raised in the air that it has the green arrow, cause that means you're ready to go. So, what we'll do is I will start with our list, I'm going to call on some folks and Saifra is going to open up your lines so that you can go ahead and ask your question. And I'll try to get a couple folks in queue. We'll start, I have Joanne Wise, and then Brandee Plott both have their hands up, so we're going to start off with Joanne Wise. So, Saifra please go ahead and unmute Joanne's line. Joanne go ahead with you question.

WISE: Hi everybody I had a question about a provider who may be out of compliance with 13, 14 and 15 who's already been surveyed and has a progress report. So if we're taking away 14 and 15, are we then revising the progress report request for them to be compliant with the new C13 only?

KOPELOW: Yes.

WISE: Oh! Well that was simple.

KOPELOW: Thank you.

WISE: Thank you.

MARTIN: Great, thanks for your question Joanne, OK so next is Brandee Plott. And then Brandee after you we're going to open up Karla Zody's line. So, Brandee, go ahead with your question.

PLOTT: Hi, yes, we are actually in the March 2015 cohort and we've already begun writing the self-study. Dr Kopelow mentioned that we could either adopt to the new format or we could leave it as is. Is there now a new outline for the self-study available on the ACCME's Web site and is there a link that you could recommend we go to. Sometimes I find that things are a little bit difficult to find. Is it very obvious where it is?

KOPELOW: Well, if you look on the Web site under News and Publications, under Publications you'll find materials to support the pre app and accreditation process. And underneath that is where the abstract is, but that's where the materials are.

PLOTT: OK But there's a new Guide for the Self-Study that matches the updated Criteria? Correct?

KOPELOW: Yes. Yes.

PLOTT: OK. Thank you.

KOPELOW: Thank you very much.

MARTIN: Great, thanks for your question Brandee. Next we're going to go to Karla Zody and then after Karla, Pam Mazmanian. So Karla, go ahead with your question.

ZODY: Fine. I actually have two, one's very short. How do we get access to the slides that Murray used.

KOPELOW: We'll post them on our Web site.

ZODY: OK great. The main question is, we have a couple of folks carried over from 2013 one of which appealed the Commendation and it actually involved 15 and I'm wondering if we can go ahead and give her Commendation, since the 15 has been deleted, even though her accreditation review was last year basically.

KOPELOW: Well, Indiana and the ACCME get to decide what they want to do. We should probably talk offline about that

ZODY: OK

KOPELOW: have to consider the fairness to all the other people in that cohort

ZODY: Sure, OK.

KOPELOW: So, we'll have to talk about it in the context of timing, the spirit of the question is the spirit of all of us, that we want to give to the providers what we can give them.

ZODY: OK. And who should I contact offline, Murray?

KOPELOW: Dion. Dion Richetti.

ZODY: Dion, OK Alright great, thank you so much.

KOPELOW: Thank you.

MARTIN: Great, thanks Karla, now we're going to go to Pam Mazmanian and then after Pam we'll open up Jill McNair's line. Pam, go ahead with you question.

MAZMANIAN: Hi. Actually I didn't have a question my hand is now down. Thank you.

MARTIN: OK, thank you. We're going to go ahead to Jill McNair and then after Jill we'll go to Beth Paczolt. So, Jill, go ahead with your question.

MCNAIR: Hi there, I have a question about the Enduring Materials content validity, with the original release date, review date and termination date. If our materials are good for only one year do you still have to list original release date and review date or is that somewhat redundant?

KOPELOW: The review has to be at least every three years, so we're looking for that to be within the three years so if your copyright statement and the termination are only a year apart there's nothing more for you to do. Absolutely.

MCNAIR: Great, thank you.

MARTIN: Great, thank you Jill. So next we're going to go to Beth Paczolt and after Beth we'll open the line for Anita Yoakum. So, Beth go ahead with your question.

PACZOLT: Guys I'm sorry it's a mistake I must have had the wrong thing on. I don't have a question right at the moment. My apologies.

KOPELOW: Beth, I just want to tell you how glad I am to hear your voice, to know that you were on the call.

PACZOLT: Well, Murray I've got to tell you these simplified Criteria hit Barbara Barnes and I in an unusual way, we literally finished a survey about two hours before the Criteria came out and then we found ourselves adjusting things slightly to match them, but we were able to match them, but we were able to do it, so [laughs].

KOPELOW: Good, good, thank you. Next.

MARTIN: Thanks Beth so next we're going to Anita Yoakum and then Anita after Anita, Priah Wanchoo. So Anita, go ahead with your question.

YOACHUM: I actually my questions already been answered I was just wanting know if the material you've gone over today was going to be posted on the Web site and that's already been answered so thank you.

KOPELOW: Thanks.

MARTIN: Wonderful, so glad we were able to answer that question for you. So, next we're going to Priah Wanchoo. Priah go ahead with your question.

WANCHOO: Hi I'm sorry, this is Priah and my question was answered. Thank you.

MARTIN: Alright wonderful. And then just a reminder if you do, if your question was answered if you go ahead and press that icon again that puts your hand down. So, thank you very much. So, next we're going to open the line for LaNelle Chancellor and then after LaNelle, Renee Pierce. So, LaNelle go ahead with your question.

CHANCELLOR: Can you hear me.

MARTIN: Certainly can yes, thank you.

CHANCELLOR: Ah, I put my hand down I thought. I don't have a question

KOPELOW: Thank you.

CHANCELLOR: I'm sorry.

MARTIN: OK that's OK. So next we'll go to Renee Pierce, and after Pierce, Courtney Cooper. So, Renee, go ahead with your question.

PIERCE: So, we have a progress report due in April when will we get the guidance on what we need to provide?

RICHETTI: It should not change.

KOPELOW: Well, we'll send it to you immediately. We're going to develop the materials and send you guidance as to what to do.

PIERCE: OK thank you.

MARTIN: OK great let's go ahead let's go ahead to Lawrence Kobak, Lawrence, we're going to unmute your line and you can go ahead with your question. OK Lawrence just put his hand down so I apologize it looks like we have a lot of hands up and just to make sure we're all on a fresh start I'm going to put everybody's down and if you do have a question go ahead and put it up again so that we can make sure that the folks who have their hands raised are ready and have a question. So,

BAUMANN: Yes, thank you.

KOPELOW: Thank you, Andrew.

MARTIN: Next we're going to call on April Salisbury and after April, Susan O'Brien. April, please go ahead with your question.

SALISBURY: Thank you, my question was also about the abstract, I was very interested in getting rid of all of those labels. So, thank you for coming up with this. I noticed in one of the earlier releases you provided a sample or draft and it's clearly marked sample so I was interested in finding out how soon, if it's not already, we could start using this tool?

KOPELOW: It's on our Web site now, we posted it this morning you can start using it now if you want.

SALISBURY: Wonderful. Thank you.

KOPELOW: You're welcome.

MARTIN: Great, thank you so much April. So, next we're going to call on Susan O'Brien and then Kurt Snyder. So, Susan your line is open, go ahead with your question.

O'BRIEN: Alright thanks so much for taking my question. It's related to the RSS program. I'm wondering since the changes have taken place if the file requirements, previously there were two options for submitting a file for RSS activities. One was the actual file and the other was a summary or analysis of the findings that the provider put together. And I'm wondering now that you have simplified the requirements and you don't any longer require an example of the monitoring process, is the template that you've provided – the abbreviated format for documenting compliance – acceptable for all of the series within an RSS program?

KOPELOW: It should work. If it's a, it should work so the answer's yes.

O'BRIEN: Wonderful, thank you very much.

KOPELOW: You're welcome.

MARTIN: Great, thank you so much Susan. So next we're going to call on Kurt Snyder and then Michael Weisser. So, Kurt your line is open go ahead with your question.

SNYDER: Hi, thank you, earlier in the call you talked about creating additional templates that would be useful to various CME providers. I'm just wondering if you have an ETA on when you'll have those developed and are you looking for people to help develop those?

KOPELOW: Thanks for offering No we don't. What we heard from the community when we talked was that templates would be helpful. And this is the first one that we've developed. We'll have to get feedback from you all about that. We're not at that point, we're sort of preoccupied with this simplification itself.

SNYDER: OK thank you.

MARTIN: Great. Thanks for your question, Kurt. Next, we're going to go to Michael Weisser and then after Michael, Amber Exford. So, Michael, please go ahead with your question.

WEISSER: Thank you, good afternoon Dr. Kopelow. Want to just congratulate you on a great Webinar. And we're a new provider we were just about to start pre-app process when I saw the notice about the Webinar last week and I said: Wait a minute, better hold off. Question to you if we now begin the process, which we'll do certainly within the next couple of days, can I assume that all the information that we need to download is now currently on the Web site?

KOPELOW: Yes. I mean the pre-application is there, all the documents are there for you to submit with.

WEISSER: Great I'm only asking because as you were talking it seemed to me I kept hearing there was something some stuff was up some stuff was being updated. I didn't know if it applied to the pre-app or the app or people who were already, you know, CME accredited.

KOPELOW: Right. So, the requirements document which is what you have to meet, has been updated.

WEISSER: So that's, so I can work off of that without waiting for any more changes?

KOPELOW: Right. I tell you all that we're not planning any changes. In the next little while.

WEISSER: [laughs] OK. Thank you very much it's been a great Webinar thank you.

KOPELOW: Thank you very much.

MARTIN: Great, thank you Michael. So next we're going to go to Amber Exford and then Andrea Vilmos. So, Amber, please go ahead with your question. Your line is open.

BAUM: Hi this is actually Kathy Baum. I have a question about the providership statement. For Jointly Provided CME and CNE certified courses would the correct providership statement be: Jointly Provided/Co-provided by?

KOPELOW: Is it, the right statement is in the policy document. You should refer to that.

MARTIN: OK great, thanks for your question Amber. So the next person I have is Barbara Huffman. We're going to go ahead and call on Barbara and then after Barbara, Melanie Moore. Barbara your line is open go ahead with your question.

HUFFMAN: Thank you. I had also asked for a clarification on the co-provided, co-providership but I think that was answered. That we can use those two terms interchangeably? Is that correct?

KOPELOW: What was the question?

HUFFMAN: Can we use the term co-provided and co-providership interchangeably? As appropriate. Is that recognized?

KOPELOW: Not in the, Well, the ACCME doesn't use the word "co". So, if your activity is presented by many providers that are jointly, that are accredited, we just ask you to use the joint provider statement. So the "co" statement is something that's just sort of leftover history.

HUFFMAN: Right, OK. And then, with regard to activity types you talked about in the documents online, it not being a requirement but a descriptor. How have you resolved that then with the AMA's requirement for the certain descriptors to be used for activity types?

KOPELOW: Well, that's part of our simplification that that we describe what an educated. There's somebody who's line is feeding back we're going to try to stop that. We've simplified the process and the playing field by getting out of this business of having different rules for the different activities. We've written the descriptions which are all aligned with what the AMA describes as activities as well so that we can collect data. We, the only reason that we need the descriptors is for the, our PARS data set. And we like to sample the varying formats that you use for, in the accreditation process. So we are in consultation with several organizations about simplification of our system in general, with the other accreditors and the medical domain, with other professions. We're trying to model what we've done with Joint Accreditation with some of the other professions in our discussions. We're in conversations with people in other countries in Canada and in Europe about alignment. It's one of our goals is to try to address that area in the center. The AMA recognizes that this is an important area for discussion and conversation. And now that we've acted then that sort of clears the table for them to examine what the current situation is.

MARTIN: Our next question will be from Ann Hagen and then after Ann, Jennifer Alessi. So, Ann your line is open go ahead with your question.

HAGEN: Thank you Marcia. Thank you, Dr Kopelow. In January, this past January, I was working with our Web team to roll out a series of one hour Enduring Materials and I was following the policy of the appropriate language to communicate to the learner prior to taking the module. If I were to change that right now it might cause a lot of trouble and a delay in the launching. So, if we are in compliance with the old Criteria for Enduring Materials is it OK to just leave it as it is?

KOPELOW: You know you can keep doing everything that we have removed.

HAGEN: OK

KOPELOW: I think this is a fair statement, the people here will tell me if I'm wrong, but you can keep doing everything that you've always been doing and never get out of compliance with us. So,

HAGEN: OK, thank you very much. I just think it will cause a lot of confusion if I were to I was very adamant in making sure that the compliance Criteria were met. And so if I were to go back to the drawing board to tell them "no" I might cause a little problem.

KOPELOW: I just want to sort of emphasize that there's no reason to do anything like that.

HAGEN: OK great.

KOPELOW: Doing something that we've crossed out does not make you not in compliance.

HAGEN: [laughs] OK

KOPELOW: Right. Doing something that we've crossed out does not make you not in compliance.

HAGEN: That's very clear. Thank you very much.

KOPELOW: Alright, thank you.

MARTIN: OK great, thanks Ann. So next we're going to call on Jennifer Alessi and after Jennifer, Julie Hunt. So, Jennifer your line is open go ahead with your question.

ALESSI: OK, thank you. And actually that question about the Internet Enduring Materials was one that I had, too, so thank you for those answers. That make our lives a lot easier. I am also, there was a question earlier about the March 2015 cohort which is also the cohort that we are in. And I just wanted a little bit of clarification on that – I feel like it kind of in between cohorts. I see the performance-in-practice structured abstract up on the ACCME's Web site so I could look at that, but from what you said earlier we can either use the abstract or we can continue to use the PIP labels like we've done in the past? Is that correct?

KOPELOW: That's true for everybody, forever.

ALESSI: Ok. That's true for everybody forever. OK. So then also a question about the self-study; I don't see on the Web site an updated self-study outline? Is there going to be an updated outline coming out soon?

KOPELOW: It's supposed to be there.

ALESSI: OK. I will, it wasn't there a second ago but I'll keep looking for it. But if we choose to use the old outline, the 2012 outline, I think was it; yeah, can we just leave out the section from the Criteria that has been omitted?

KOPELOW: Please, yeah don't. We're not going to read anything that you write in those sections.

ALESSI: OK. OK, because we have it, we've already started our writing process but we haven't gotten to those yet. But we can use the old outline, just strike those Criteria from it? OK great. Thank you .

KOPELOW: Sure. What we don't want is for people to feel they have to undue everything that they have done.

ALESSI: right.

KOPELOW: and do it differently.

ALESSI: OK great thank you.

MARTIN: Great.

KOPELOW: Marcia, just before you go on to the next question

MARTIN: Yes

KOPELOW There was a question before about the progress report before. Somebody said that I'm in such and such a cohort when am I going to get my notice? I didn't identify who that person was accredited by, but the ACCME providers with progress reports outstanding already have been notified. Right? So, anybody who has had something that was in noncompliance in one of the things that was removed has received a notice about their progress report. So, right? So, Dion Richetti is the person to ask the question about any of that. OK, Marcia, go ahead.

MARTIN: Great, thank you. So, next we're going to go to Julie Hunt and then Andrea Thrasher. So Julie your line is open go ahead with your question.

HUNT: Hi, I'm new to the accreditation process. I'm actually new to the whole CME process, and we have to reaccredit in November 2014 ...in the process now and is it the same to renew, renewal as it is for a new provider? Is it the same process?

KOPELOW: Well, it's the same process but there are some significant differences between what you go through as an initial applicant and at reaccreditation. An initial applicant is only asked to submit two educational activities and there are some Criteria that they don't have to demonstrate compliance with, but for you to get clarification on our process and our expectations this Webinar isn't the place.

HUNT: OK.

KOPELOW: Our workshops are and our accreditation staff so you can ask those questions via postmaster and we are available to assist you so that "new" is not that much of a barrier to you, although we can't remediate everybody.

HUNT: OK. Thank you so much.

KOPELOW: Thank you.

MARTIN: Great, thanks for your question Julie. Next we're going to go to Andrea Thrasher. Andrea your line is open, go ahead with your question.

THRASHER: Thanks, just to let you know in the new descriptions you have two different Joint Provider statements, one on page 12 and one on page 14.

KOPELOW: Thank you very much.

THRASHER: OK

KOPELOW: We'll look it up and see about it. Thank you.

MARTIN: OK and we're going to go on to Marisa Kisco. Marisa your line is open go ahead with your question.

KISCO: Hi this is Marisa. Can you please clarify regarding RSS, whether learners are required to complete a disclosure form if they're reviewing cases during their session?

KOPELOW: Ah, that question has never been asked of me and I don't know why you're asking that. What do you; why would you ask that question? What is it that you're looking for disclosure about?

KISCO: Well, there's been some confusion on whether just the presenter or the speaker needs to complete a disclosure form for an RSS session or if all learners in the room?

KOPELOW: What is it that the learners; what kind of a session are you speaking about?

KISCO: Like the Tumor Boards.

KOPELOW: And, and so that in the Tumor Boards the whole group is the sort of the faculty and the learners?

KISCO: That's correct.

KOPELOW: Is that why you're asking that?

KISCO: Yes.

KOPELOW: It's an interesting question. That in the Tumor Boards the conversation is amongst the clinical experts, where someone brings a case or a case problem and wants to talk about how it should be treated. And those people, if the content of the educational activity is sort of identified, that these are the presenters for this conference. That this group of clinicians are bringing their cases and they're making recommendations for therapy on the basis of what goes on, then they're like the faculty in the educational activity. What we care about with respect to disclosure – I mean if you go back to the principle of what this is all about – is that people who have relevant financial relationships and are talking about products or making recommendations about products, disclose to the learners that they have this relationship; because they're trying to recommend so, the use of something. So, everything in conflict of interest, it depends on the facts and the circumstances. That my initial answer to you is no, that I'm not going to make a declarative statement here that that everybody in the room has to disclose all of their relationships at Tumor Board. Because that's not respectful or sensitive to the varying circumstances.

KISCO: OK, thank you.

KOPELOW: So, you need to judge the situation.

KISCO: OK, Great.

MARTIN: OK Great thank you so much. Next we're going to go to Melanie Thorsen and then Ruth Zarzycki. So, Melanie your line is open go ahead with your question.

MARTIN: Melanie, are you there? OK We're going to go ahead to Ruth Zarzycki and then Erin Schwartz. Ruth, your line's open go ahead with your question.

ZARZYCKI: Hi. I just want to clarify that a commercial supporter is still a supporter and can never be a sponsor? Now that we've done away with saying sponsorship or sponsor?

KOPELOW: Well I was talking about what the Europeans and the Canadians – Ruth what do you mean by a sponsor?

ZARZYCKI: Well I just don't want to see folks saying: this activity was sponsored by XYZ pharmaceutical. I mean that's just what I'm trying to clarify.

KOPELOW: They can say anything they want, they can use any language they want. But that sentence doesn't demonstrate compliance with any ACCME requirement. Because it's not a disclosure of commercial support and it doesn't have anything to do with the identification and resolution of conflict of interests. It uses a term that doesn't have explicit meaning in the ACCME lexicon and therefore in State Medical Society accredited provider lexicon. We haven't used that term that way since 2004. And we just want to

ZARZYCKI: No I'm just saying, I just want to clarify that we're no freeing up the word "sponsor" to be associated with commercial entities with relations with CME activities.

KOPELOW: Right. Not by us.

ZARZYCKI: OK

MARTIN: OK. Thank you, Ruth. Next we're going to go to Erin Schwartz and then Donald Powers. Erin your line's open go ahead with your question.

SCHWARTZ: Thank you. My question was regarding the performance-in-practice structured abstract. I appreciate this being put together, but I'm a little confused about how I can use this for a large specialty society's annual meeting in which we design multiple learning objectives. When I look at the line that is regarding, what was designed to change in terms of learners' competence or performance or patient outcomes we have many, many, many objectives for this annual meeting but we only have 50 words available here. Can you give us some guidance as to what we need to do on this abstract. Are we supposed to summarize?

KOPELOW: How have you been doing it with the labels?

SCHWARTZ: Well, we've been providing the pages with the learning objectives and labeling those.

KOPELOW: So, that one you just put into the box. OK first of all this is an option. You don't have to use it and if it doesn't work for your circumstance you don't have to use it. People asked for

something and we created a tool for them. If the labels worked then this form should work. And if, as we move forward, if the specialty society community wants to talk us about a different kind of form or something else then we can look at developing it. But, that would be something you'd have to try.

SCHWARTZ: OK

KOPELOW: This thing's been posted for an hour, and I

SCHWARTZ: [laughs] Thank you.

KOPELOW: I think a little more thought about it that might be advised.

SCHWARTZ: Well, we appreciate it and certainly it will be at least a useful first start for us.

KOPELOW: Thank you.

MARTIN: Great thank you so much Erin and next we're going to go we have two more questions, excuse me, next we're going to go to Donald Powers and then Cindy Woods. So, Donald your line's open go ahead with your question.

POWERS: Thank you, Dr.Kopelow. In the past I remember on one of your online video instructionals you explained to us how we could use the word "or." And looking at Criteria 1 and 11, can we say in terms of expected results or in terms of or reference to changes in learners, can we say competence or performance and then or patient outcomes?

KOPELOW: Absolutely. Nothing's changed about that. Exactly.

POWERS: Well, it doesn't, so the new C1 will say changes in competence or performance?

KOPELOW: Yes. We didn't put that into the Criteria itself. But, it says after performance "or" patient outcome.

POWERS: I know that but there's no "or" after competence.

KOPELOW: I know, but the people who know English better than I do tells me that if you write it that way there really is an or between them.

POWERS: Yeah but I want to see that "or". [laughs]

KOPELOW: Go ahead and write it in.

POWERS: Thank you.

KOPELOW: You won't get in any trouble from us.

POWERS: Thanks a lot.

KOPELOW: OK.

MARTIN: Great thank you, Donald. It looks like we have one more hand raised. So, I'm going to go ahead and call on Cindy Woods. Cindy your line is open; go ahead with your question.

WOODS: OK, thank you. I have two questions actually, if I can. The first being regarding Joint Providership. We as an ACCME accredited organization have run an activity with an organization that is not accredited and I understand that in essence is the definition of Joint Providership?

KOPELOW: That's right.

WOODS: So is it, I guess I'm unclear is it possible to run activities with another accredited provider?

KOPELOW: Of course, that's what people were talking about before; some of them call these co-sponsorship or co-providership.

WOODS: but, that is

KOPELOW: We just don't have a special accreditation statement for that.

WOODS: Well, would that then be a Joint Providership?

KOPELOW: Pardon me, what was the question?

WOODS: Would that then also be Joint Providership?

KOPELOW: No.

WOODS: No. It's just done, there is no terminology your saying?

KOPELOW: Correct. Correct.

WOODS: OK. Great. And then the second question is just the use of commercial logos in course materials – is that a thumbs up or a thumbs down?

KOPELOW: It's neutral. We didn't, the Board did not act to implement at this time and discussions continue.

WOODS: OK. Great. And then just stay tuned I guess?

KOPELOW: That's always a good thing with us.

WOODS: OK. Thank you.

MARTIN: OK, great. Thank you so much, Cindy. So we don't have anymore hands raised so I'm going to assume there are no more questions out there. As we mentioned earlier the materials are on the Web site for you to take a look at. We'd encourage you to go out and look at the simplified

Criteria if you haven't already taken a look at the updated documents. We thank you all very much for your time and for listening with us. Again a reminder this Webinar will be archived and posted to our Web site if you'd like to share it with your stakeholders and volunteers etcetera after the meeting. With that in mind we'll go ahead and close the Webinar. Thanks again and you have a wonderful afternoon.

This is a transcript of “Simplification of Accreditation Requirements & Process: Archived Webinar” - <http://www.accme.org/education-and-support/video/commentary/simplification-accreditation-requirements-process-archived>

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