2009 Initial and Reaccreditation
Restudy Form:

Demonstrating the Implementation of the ISMA's Updated Accreditation Criteria

For providers receiving accreditation decisions from the ISMA in March 2009

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Overview and Background Information

Conducting Your Self Study

The Self Study process provides an opportunity for the accredited provider to reflect on its program of CME. This process can help the organization assess its commitment to and role in providing continuing medical education and determine its future direction.

An outline of the content of the *Self Study Report* is specified by the ISMA, but the process of conducting a *Self Study* is unique to your organization. Depending on the size and scope of your CME program, you may involve many or just a few individuals in the process. Regardless of the size or nature of your program, the Self Study is intended to address:

- The extent to which your organization has met its CME Mission (C1, C12).
- An analysis of factors that supported or detracted from the CME mission being met (C11, C12).
- The extent to which, in the context of meeting your CME mission, your organization produces CME that:
    - Incorporates the educational needs that underlie the professional practice gaps of your own learners (C2),
    - Is designed to change competence, performance, or patient outcomes (C3),
    - Includes content matched to your learners' current or potential scopes of practice (C4),
    - Includes formats appropriate for the setting, objectives, and desired results (C5),
    - Is in the context of desirable physician attributes (C6),
    - Is independent, maintains education separate from promotion, ensures appropriate management of commercial support, and does not promote the propriety interests of a commercial interest (C7-10).
- How implemented improvements helped your organization better meet its mission (C13 – C15).
- The extent to which your organization is engaged with its environment (C16-C22).

Resources to Support the ISMA's Accreditation Process

The ISMA's accreditation process is facilitated by your use of documents and completion of forms available in the "Accreditation and Restudy" section at www.ismanet.org/cme. Please include with the 2009 initial accreditation restudy form the following:

1. ISMA Guide to the Accreditation Process
2. Demographic Information Form
3. Summary of CME Activities
4. Interview Registration Information and Instructions
5. Instructions for Submitting CME Activity Lists
6. CME Activity List
7. Performance in Practice Review Requirements and Instructions

These links are under review and are not yet accessible

The Role of Verification in the Accreditation Process

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As you review the contents of these materials, please keep in mind the following definitions which will help you understand what the ISMA expects providers to submit to the ISMA in the accreditation process:

- **Describe** means provide a narrative that gives the reader a picture, or understanding of your organization's practices.
- **Documentation** means tangible materials (evidence) from your system from which compliance can be determined.
- **Verification** means to prove with documentation/documents/materials
- **Show** means describe and verify with documentation.

The ISMA *verifies* that a provider meets the ISMA's accreditation expectations *in practice* through a review of: (a) materials used in the planning and implementation of individual CME activities or groups of activities; (c) materials used in the administration of a CME program[1] and/or (d) data and analyses generated from monitoring systems from providers that produce Regularly Scheduled Series (RSS). ***If your organization produces RSS, please refer to Appendix A of this packet to review the ISMA's expectations for RSS monitoring systems and reporting on monitoring systems.***

The ISMA's accreditation process is **an opportunity** for each provider to verify its practice of CME. In the ISMA's accreditation process, these opportunities are in the following forms:

1. **The self study report:** Providers are expected to *describe* their practices and provide *verification* of these practices in a self study report. The self study is an opportunity to show the ISMA your organization's work. In Section 4 of these materials, providers will find icons of *quills, paperclips*, and the letters "*RSS,*" which denote different types of information providers are expected to submit.

A quill indicates the ISMA expects a description, or narrative, to give the reader an understanding of your practice(s).

A paperclip indicates the ISMA expects documents/documentation/ materials that provide verification of the described practices. Unless otherwise noted, when an example is requested in the self study report, the ISMA expects documentation that can verify that a practice was implemented. This means using documentation/documents/materials from activities that have been planned and/or implemented. **Unless otherwise noted, the ISMA expects to see actual materials or completed, <u>not</u> blank, forms.**

[1] The administration of a CME program may create evidence that is applicable to some or all CME activities. For example, a provider may have a strategic planning retreat and determine one or more professional practice gaps which ALL of its CME activities should be designed to fill.

If you are a provider that plans Regularly Scheduled Series (RSS), you will need to include (a) descriptions regarding the planning of your RSS, as indicated throughout the Self Study Report outline; and (b) summaries and analyses of your monitoring data related to the applicable Criteria. Look for the ***RSS*** symbol throughout the Self Study Report outline for an indication of items that require responses related to RSS.

2. **Performance in Practice Review:** Providers are expected to demonstrate and verify that their CME activities meet ISMA's Updated Criteria through the documentation review process. The ISMA will select up to 15 activities that your organization will be expected to present to the ISMA for review. This review is based on the ACCME's Updated Criteria and is facilitated by the provider's use of labels (provided by the ISMA) on activity materials. Information on this process is provided in this guide and instructions can be found on www.ismanet.org/cme. In addition to documentation review, initial applicants must have an activity review prior to Accreditation. The CME activity may be of any format and will entail surveyor observation. *(please note this section is under review and is subject to change).*

3. **The Interview:** The interview presents an opportunity to describe and provide clarification, as needed, on aspects of practice described and verified in the self study report or activity files. Through dialogue with the ISMA survey team, an organization may illuminate its practices in a more explicit manner. The survey team may request that a provider submit additional materials based on this dialogue to verify a provider's practice.

The self study report, performance in practice review, and interview comprise the three sources of data used to make decisions in the accreditation process regarding the extent to which providers meet Criteria 1-15. In addition, the ISMA encourages providers to take advantage of the opportunities in these data sources to verify how the organization meets Criteria 16-22. This information will help the ISMA evaluate if your organization should receive Accreditation with Commendation (Level 3).

Contents of the Self Study Report for ISMA Accreditation

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I. Introduction

A. Demographic Information Form (form to complete can be found in "Accreditation and Restudy" section at www.ismanet.org/cme).

B. Summary of CME Activities (form to complete can be found in "Accreditation and Restudy" section at www.ismanet.org/cme).

C. CME Activity List (a list of your CME activities for the current term of accreditation as submitted electronically to the ISMA and updated, if necessary).

D. Self Study Report Prologue

1. Provide a brief history of your CME Program
2. Describe the leadership and structure of your CME Program.

E. If your organization plans RSS activities, describe your system to monitor RSS for compliance with the ISMA's requirements. In the description you must (1) include the sampling and monitoring methods that your organization used and (2) identify the accreditation requirements monitored (e.g. ISMA Updated Accreditation Criteria). *Please see page 23 for "ISMA's Expectations of RSS Monitoring Systems."*

Note: Throughout the self study report, you will be required to attach summaries of your actual monitoring data related to specific criteria.

F. Describe your organization's change process for incorporating the ISMA's Updated Accreditation Criteria.

II. Essential Area 1: Purpose And Mission (Criterion 1)

A. Attach your CME mission statement to verify it has all the required components. Identify and highlight each required component: (1) purpose, (2) content areas, (3) target audience, (4) types of activities, and (5) expected results of the program.

Note: It is important that ISMA can identify in the expected results section of your mission statement the changes that are the expected results of your CME program (i.e., changes in competence, or performance, or patient outcomes). (C1)

III. Essential Area 2: Educational Planning (Criteria 2-3)

A. Describe how you translate identified professional practice gaps into educational needs. Be sure to use the following as an outline of your descriptions:

1. *the gap that you start with* (for professional practice gaps that are identified in methods other than direct measurement of your own learners -- e.g. national trend data, state level data-- explain how you connect these gaps to your own learners),
2. *the need(s) that you identify based on that gap*, and

3. *how the need is articulated in terms of knowledge, competence, or performance*. (C2)

For providers that produce Regularly Scheduled Series (RSS), include in your description how gaps are translated into needs in RSS and attach here a summary of your monitoring data related to Criterion 2. RSS

B. Using **two examples**, show where you have incorporated these needs (of knowledge, competence, or performance) into activities or a set of activities. (C2)

C. Show that you have generated CME activities (including RSS, if applicable) designed to change competence, performance, or patient outcomes, as described in your CME mission statement. (C3) RSS

IV. Essential Area 2: Educational Planning (Criteria 4-6) and ISMA Policies

A. Show how your organization, at the CME program or activity planning level, matches the content of your activities to your learners' current or potential scope of practice. Include two examples in your verification. (C4)

For providers that produce RSS, include in your description how the content of your RSS is matched to your learners' current or potential scope of practice. Attach here a summary of your monitoring data related to Criterion 4. RSS

B. Show the different educational formats (i.e., activity type and methodology) you have utilized for your activities. Explain the rationale or criteria you used in the selection of formats to ensure a format is appropriate for the setting, objectives, and desired results of an activity. Include two examples in your verification. (C5)

For providers that produce RSS, include in your description what educational formats you use for RSS. Also describe how you ensure in your planning process for RSS that the format is appropriate for the setting, objectives, and desired results of the RSS. Attach here a summary of your monitoring data related to Criterion 5. RSS

C. Show that you have developed CME activities in the context of desirable physician attributes (e.g., IOM competencies, ABMS competencies, specialty specific competencies), including RSS, if applicable. Include two examples in your verification. (C6)

For providers that produce RSS, also attach here a summary of your monitoring data related to Criterion 6. RSS

D. Show the mechanism your organization uses to **verify physician participation** in your CME activities, including RSS, if applicable. RSS

V. Essential Area 2: Educational Planning (Criterion 7: ISMA's Standards for Commercial Support - Independence)

A. Describe how your organization makes the following decisions free of the control of a commercial interest: (a) identification of needs; (b) the determination of educational objectives; (c) the selection and presentation of content; (d) the selection of all persons and organizations in a position to control the content; (e) the selection of educational methods, and (f) the evaluation of the activity. *(SCS 1.1)*

B. If your organization enters into joint providership relationships with non-accredited providers, **show** that these organizations are not commercial interests. Provide a list of joint providers and a brief descriptor of their organization type. *(SCS 1.2)*

C. Show the mechanism(s) your organization uses to ensure that everyone in a position to control educational content has disclosed to your organization relevant financial relationships with commercial interests. Include in your description your organization's mechanism(s) for disqualifying individuals who refuse to disclose. *(SCS 2.1, 2.2)*

D. Describe the mechanism(s) your organization uses to identify conflicts of interest prior to an activity. *(SCS 2.3)*

E. Describe the mechanism(s) your organization uses to resolve conflicts of interest prior to an activity. *(SCS 2.3)*

F. Show your organization's process(es) and mechanism(s) for disclosure to the learners of (1) relevant financial relationships of all persons in a position to control educational content and (2) the source of support from commercial interests, if applicable. In your verification, provide two examples of disclosure to the learners of relevant financial relationships and two examples of disclosure to the learners of the source of support from commercial interests, if applicable. *(SCS 6.1-6.5)*

G. **Attach** an example of the mechanism(s) your organization uses to collect relevant financial relationship information of everyone in a position to control educational content. *(SCS 2.1)*

H. For providers that produce RSS, include here your monitoring data and analysis regarding your compliance with SCS 1, 2, and 6. RSS

VI. Essential Area 2: Educational Planning (Criterion 8: ISMA's Standard for Commercial Support – Management of Funds)

ALL PROVIDERS must respond to items A-C, regardless of your organization's acceptance of commercial support.

A. Attach your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors. *(SCS 3.7-3.8)*

B. Describe what you do to ensure that teachers or authors are reimbursed and paid honoraria only for their teacher or author role. *(SCS 3.7.-3.8, 3.10)*

C. For providers that produce RSS, include here your monitoring data and analysis regarding your compliance with SCS 3.7, 3.8, and 3.10. RSS

If your organization accepts commercial support, respond to D-H, if not go to Section VII.

D. Describe your process(es) for the receipt and disbursement of commercial support (both funds and in-kind support). Include in your description how you ensure that advice or services related to teachers, authors, participants, or other educational matters, including content, are not conditions of the commercial support (funds or in-kind commercial support). *(SCS 3.1-3.3)*

E. Show that all commercial support is given with your organization's full knowledge and approval. Include in your response your policies and processes to ensure that no other payment is given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved in the activity. Include two examples in your verification. *(SCS 3.3; 3.9)*

F. Show that commercial support is not used to pay for expenses for non-teacher or non-author participants. Include two examples in your verification. *(SCS 3.12)*

G. Show that social events do not compete with or take precedence over educational activities. *(SCS 3.11)*

H. Attach a specimen (completed or blank) of a written agreement documenting terms, conditions, and purposes of commercial support used to fulfill relevant elements of SCS Standard 3. *(SCS 3.4-3.6)*

I. For providers that produce RSS, include here your monitoring data and analysis regarding your compliance with SCS 3.1-3.4, 3.6, 3.9, 3.11, and 3.12. RSS

VII. Essential Area 2: Educational Planning (Criteria 9-10: ISMA's Standard for Commercial Support – Separation of Education from Promotion; Promotion of Improvements in Healthcare)

ALL PROVIDERS must respond to this section.

A. Do you organize any ***commercial exhibits*** in association with any of your CME activities? If yes, describe how your organization ensures that arrangement for commercial exhibits do not (1) influence planning or interfere with the presentation and (2) are not a condition of the provision of commercial support for CME activities. *(SCS 4.1)*

B. Do you arrange for ***advertisements*** in association with any of your CME activities? If yes, describe how your organization ensures that advertisements or other product-promotion materials are kept separate from the education. In your description, distinguish between your processes related to advertisements and/or product promotion in each of the following types of CME activities: (1) print materials, (2) computer-based materials, (3) audio and video recordings, and (4) face-to-face. *(SCS 4.2, 4.4)*

C. Describe the process or procedure your organization uses to ensure that educational material which are part of a CME activity, such as slides, abstracts and handouts, do not contain any advertising, trade names or product group messages. *(SCS 4.3)*

D. Besides the provision of commercial support, what role do commercial interests play in providing access to CME activities for learners? *(SCS 4.5)*

For providers that produce RSS, include here your monitoring data and analysis regarding your compliance with SCS 4. RSS

E. Describe the planning and monitoring your organization uses to ensure that:

1. the content of CME activities does not promote the proprietary interests of any commercial interests. *(SCS 5.1)*
2. CME activities gave a balanced view of therapeutic options. *(SCS 5.2)*
3. the content of CME activities is in compliance with ISMA's content validity value statements[2]. *(Policy of Content Validation)*

[2] ISMA/ACCME's Policy on Content Validation: All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Providers are not eligible for ISMA accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.

VIII. Essential Area 3: Engagement with the Environment (Criteria 16-22)

The information gathered through your organization's responses to the following questions will be used to determine eligibility for Accreditation with Commendation. If your organization is not seeking Accreditation with Commendation, completion of this section is optional.

A. If your organization integrates CME into the process for improving professional practice, show how this integration occurs. Examples should be explicit organizational practices that have been implemented or planned. (C16) 

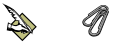
B. If your organization utilizes non-educational strategies to enhance change as an adjunct to its educational activities, show the strategies that your organization has used as adjuncts to CME activities and how these strategies were designed to enhance change. Include in your description an explanation of how the non-educational strategies were connected to either an individual activity or group of activities. (C17) 

C. If your organization identifies factors outside of its control that will have an impact on patient outcomes, show instances of this practice. These instances might be specific to the planning of a CME activity or at the overall CME program level. (C18) 

D. If your organization implements educational strategies to remove, overcome, or address barriers to physician change, show instances of this practice. These instances might be specific to the planning of a CME activity or at the overall CME program level. (C19) 

E. If your organization is engaged in collaborative or cooperative relations with other stakeholders, show instances of these practices. These instances might be specific to the planning of a CME activity or at the overall CME program level. (C20) 

F. If your CME unit participates within an institutional or system framework for quality improvement, show this framework. For example, your organization's framework may link the CME committee with a quality or performance improvement committee. (C21) 

G. If your organization has positioned itself to influence the scope and content of activities/educational interventions, show organizational procedures and practices that support this. (C22) 

VIII. Essential Area 3: Evaluation and Improvement (Criteria 11-15)

NOTE: All providers must respond to items A-D and F-I in this section.

A. Show a summary report of the evaluation data and information that your organization has collected about the changes in physician learners' competence, performance and/or patient outcomes. (C11)

If your organization produces RSS, include in this report your organization's monitoring data and analysis regarding changes in physician learners' competence, performance, or patient outcomes. (C11) RSS

B. What were the conclusions you drew from your analysis of these data? (C11)

NOTE: The ISMA expects each provider to conduct a program-based analysis on the degree to which its CME mission has been met. In Section II of this Self Study Report, you attached your organization's CME mission statement. That mission statement is required to have five components (purpose, content areas, target audience, types of activities, and expected results). Your learner change data and the conclusions you reached about those data will help you determine the degree to which the expected results of your CME mission have been met. The following items are designed to elicit information on *what other information* you reviewed to help you determine if your CME mission was met and *your conclusions* regarding your success at meeting your mission.

C. *In addition to learner change data*, show the ISMA the data and information you gathered as a part of your overall program evaluation.

For providers that produce RSS, be sure to include RSS in this discussion. (C12) RSS

D. Based on your review of the data and information as described in your responses to questions A-C, what were your conclusions regarding **your organization's success at meeting its CME mission**? Be sure to include in your description the degree to which your organization

1. reached its target audience;
2. provided CME on the content areas outlined in the mission;
3. produced the types of activities stated in the mission; and
4. fulfilled its purpose. (C12)

E. NOTE: This item is optional, based on your organization's responses to section VIII (Engagement with the Environment). If your organization did not respond to items in that section, items in this section do not require responses.

In Section VIII (Engagement with the Environment), you may have described various initiatives your organization has implemented in support of Criteria 16-22. How have you evaluated these and other related initiatives related to Criteria 16-22 to assess the degree to which they helped your organization meet its CME mission (C12)?

If your organization has not engaged in a practice as described in one of Criteria 16-22, you may have evaluated the extent to which not engaging in a practice impacted your organization's ability to meet its mission. You can respond from that perspective, if applicable.

Based on what you described in Section VIII (Engagement with the Environment)…

1. did the manner and degree to which your organization integrated CME into the process for improving professional practice (C16) help your organization meet its CME mission? If so, how? If not, why?
2. did the manner and degree to which your organization utilized non-educational strategies to enhance change as an adjunct to your activities/educational interventions (e.g., reminders, patient feedback) (C17) help your organization meet its CME mission? If so, how? If not, why?
3. did the manner and degree to which your organization identified factors outside of your control that impact on patient outcomes (C18) help your organization meet its CME mission? If so, how? If not, why?
4. did the manner and degree to which your organization implemented educational strategies to remove, overcome, or address barriers to physician change (C19) help your organization meet its CME mission? If so, how? If not, why?
5. did the manner and degree to which your organization built bridges with other stakeholders through collaboration and cooperation (C20) help your organization meet its CME mission? If so, how? If not, why?
6. did the manner and degree to which your organization participated within an institution or system framework for quality improvement (C21) help your organization meet its CME mission? If so, how? If not, why?
7. did the manner and degree to which your organization has been positioned to influence the scope and content of activities/educational interventions (C22) help your organization meet its CME mission? If so, how? If not, why?

F. As a result of your program-based analysis, what changes did you identify that could help you better meet your CME mission? In your response, explain how each change, if implemented, could impact a component of your CME mission (purpose, content areas, target audience, type of activities, or expected results). For providers that produce RSS, include areas for improvement as identified through RSS monitoring in this discussion. (C13) RSS

G. Based on the changes you identified that could be made, describe the changes to your program that you **implemented**. For providers that produce RSS, include the improvements you have implemented in your RSS. For any potential changes (as described in question F above) that you did not implement, please explain why they were not implemented and plans to address them in the future. (C14) RSS

H. Describe how your organization measured, or will measure, the impact of the improvements that you have described in G.

I. If the data are available, include information on whether or not the changes made to your program have fulfilled the intended purpose. Include evidence (e.g. data) to support those conclusions. (C15)

Structure and Format Requirements for the Self Study Report

Providers must assemble and submit their self study reports in accordance with the following **structure** and **format** requirements:

Structure Requirements

1. The ISMA Self Study Report must be organized in the sections listed below.
2. Each section must be included behind an ISMA **tab** labeled with the title of the section. ISMA-formatted Tabs should be downloaded from www.ismanet.org/cme and four sets should be printed to standard 5-count tab paper.
3. The outline below must be used as the basis for a required Table of Contents. Include on the Table of Contents the page numbers of the narrative and attachments for each section. An example is provided below.

I. Introduction
II. Essential Area 1: Purpose and Mission (Criteria 1)
III. Essential Area 2: Educational Planning (Criteria 2-3)
IV. Essential Area 2: Educational Planning (Criteria 4-6) and ISMA Policies
V. Essential Area 2: Educational Planning (Criteria 7: ISMA's SCS - Independence)
VI. Essential Area 2: Educational Planning (Criteria 8: ISMA's Standard for Commercial Support – Management of Funds)
VII. Essential Area 2: Educational Planning (Criteria 9-10: ISMA's Standard for Commercial Support – Separation of Education from Promotion; Promotion of Improvements in Healthcare)
VIII. OPTIONAL SECTION: Accreditation with Commendation (Criteria 16-22)
IX. Essential Area 3: Evaluation and Improvement (Criteria 11-15)

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Format Requirements

1. Provide required narrative and attachments for each item of the outline and ISMA tabs.
2. Put attachments in the appropriate section of the report. Do not put them all at the end of the report.
3. Type with at least 1" margins (top, bottom and sides), using **11 point type or larger**. The topics from the Outline should be in **bold**, clearly separated from the type style (font) of your answers. It is acceptable to use double-sided printing.
4. **Consecutively number** each page in the binder including the attachments. The name (or abbreviation) of your organization must appear with the page number on each page. *If the report is not numbered, it will not be accepted and will be returned at your organization's expense.*
5. Include a **Table of Contents** listing the page numbers of each narrative and attachment of the Self Study Report.
6. Include the following completed forms behind the "Introduction" Tab:
   a) Demographic Information Form
   b) Summary of CME Activities
   c) CME Activity List
   NOTE: The above forms are available at www.ismanet.org/cme.
7. Use the ISMA-formatted Tabs to separate the content of your Self Study Report. A tab template and instructions can be downloaded at www.ismanet.org/cme.
8. Place the Self-Study Report and all the attachments in a **two-inch maximum** (ring diameter), three-ring binder or some other mechanism of binding, e.g., tape-binding. *If the report is larger than two inches it will **not be accepted** and will be returned at your organization's expense.*
9. Submit **four** copies to ISMA. Be sure to keep a separate copy for your use during the interview.
10. In addition to the binders, **submit one electronic copy** in PDF format on a CD-ROM of the Self Study Report narrative and attachments.

Failure to adhere to the submission requirements will result in the return of your Self Study Report, delay in the accreditation process, additional fees, and possible consequences for your accreditation status.

The Self Study Reports must be shipped via a method that has a reliable electronic, web-enabled delivery tracking system to:

Shelly Symmes – CME Coordinator
Indiana State Medical Association
322 Canal Walk
Indianapolis, IN 46202-3268

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ISMA's Review of a Provider's Performance in Practice

The ISMA's review of a provider's performance in practice is through activity documentation review. This is an opportunity for the provider to verify that the activity met ISMA's expectations, as outlined in the ISMA's Essential Areas, Elements, Criteria, and Policies. Providers should remember that it is not necessary to present to the ISMA all materials related to an activity. Providers should submit any and all activity material that demonstrates how the organization meets the ISMA's Accreditation Criteria.

There may be the need to present materials from the overall CME program that address how the provider met expectations in a specific activity. Meeting minutes and strategic planning documents are two examples of materials that might help a provider show how an activity meets ISMA's expectations with evidence not directly related to a specific CME activity. Providers must remember to include such materials in labeled evidence to verify compliance.

Structure and Format Requirements for Performance in Practice Review: Submission of Activity Documentation Materials

In order to facilitate the ISMA's review of providers' performance in practice as seen in activity files, providers must following the following three steps:

STEP 1: Submitting your CME Activity List. You will submit a complete list of activities to the ISMA using the **CME Activity List** excel spreadsheet**.** Both this spreadsheet and submission instructions can be found on the ISMA's website in the "Accreditation and Restudy" section at www.ismanet.org/cme. Providers will receive an email reminder before the deadline to submit activity lists. Providers should remember that:

- The CME Activity List MUST be submitted according to the instructions found on at www.ismanet.org/cme;
- The CME Activity List MUST be submitted using the template at www.ismanet.org/cme;
- Any activity for which your organization offered *AMA PRA Category 1 Credit*™ during its current term must be included on the list;
- Activities should be entered chronologically;
- Columns highlighted in yellow represent activity attributes that are new to the ISMA's CME Activity List spreadsheet. *Providers need to provide data in these columns only for activities held after July 31, 2007.*
- Every column in the spreadsheet that is not highlighted in yellow must have data in it for each activity.

STEP 2: ISMA's Selection of Activities for Review

Based on your completed CME Activity List you provide to the ISMA, the ISMA will select up to 15 files for review. The ISMA will select a sample of your activities from this list from both 1) across the years of your accreditation term and 2) among the types of activities that are produced. If you produce enduring materials, journal CME, or internet CME activities, you are also expected to submit the CME product from the activities chosen for performance in practice review. These products will be reviewed for compliance with ISMA policies specific to their activity type.

STEP 3: Submitting evidence of performance in practice for activity documentation review. Each organization is expected to submit with their self study reports the labeled documentation for review. All documentation for review should be labeled, using ISMA's labels; labels can be downloaded at www.ismanet.org/cme, along with instructions for using the labels.

Your organization may not have evidence to demonstrate that a Criterion was met in an activity because:

(A) the date of the activity precedes your organization's implementation of the Criterion listed on the label; or

(B) the Criterion is not applicable to the activity. Labels 6, 10-12, and 17-22 explicitly state "if applicable" because those are the labels for Criteria that may not be applicable to all CME activities.

If you do not have evidence from an activity to demonstrate that the activity meets the Criterion, place the label for the Criterion on a sheet of paper which explains why there is no evidence. For example, "No evidence because the date of the activity preceded our organization's implementation of the Updated Criteria" or "No commercial support accepted for this activity".

Once the materials from an activity are labeled, they should be put in an 8 ½" by 11" file folder to submit to the ISMA. Each folder should be labeled as well, in accordance with ISMA's instructions at www.ismanet.org/cme.

Please do not ship original documents; activity files will not be returned to you. The ISMA will then provide your self study report and activity files to your survey team to review in preparation for your interview. IMPORTANT: Providers having on-site interviews should retain a duplicate copy of the labeled materials submitted for review and have them available for the surveyors at the time of the interview.

NOTE: PROVIDERS SEEKING REACCREDITATION ARE ALSO EXPECTED TO SUBMIT LABELED EVIDENCE TO VERIFY COMPLIANCE with some of the *American Medical Association's PRA Category 1 Credit*™ requirements. The ISMA is collecting this evidence and transmitting it on to the AMA PRA as a service to both the provider and the credit system. This information will not be considered as part of your accreditation decision. This requirement is not applicable to providers applying for initial accreditation.

The ISMA will send via email links to the instructions and sets of labels posted at www.ismanet.org/cme. The ISMA will also send providers reminders before the deadline for the submission of materials.

ISMA's Interview

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The ISMA's interview offers opportunities to the provider and the ISMA. The interview allows the provider to: (1) discuss its CME program, overall CME program evaluation, and self study report and (2) clarify information described and shared in the self study report and performance in practice materials. The interview offers opportunities for the ISMA to: (1) ensure that any questions regarding the provider's procedures or practices are answered and (2) ensure that the survey team has complete information about the provider's organization with which to formulate a report to the ISMA. For more information about what to expect during the ISMA's interview, please refer to *ISMA's Accreditation Process* at www.ismanet.org/cme.

ISMA surveyors will not provide feedback on your compliance nor will they provide a summary of their findings or an assessment of the expected outcome of the accreditation process. Your organization's compliance, your findings, and the outcome of the accreditation process are determined by the ISMA based on the recommendations of the ISMA's Commission on Medical Education.

Interview Formats

The format for all interviews involves a meeting between the representatives of the accredited provider and the ISMA survey team. The ISMA offers the following three interview formats:

Face to Face Interviews	Representatives from your organization come to ISMA's offices in Indianapolis (322 Canal Walk). Your organization may bring up to five representatives to Indianapolis for the face-to-face interview.
On-site Interviews	On-site interviews are intended to occur at the provider's administrative offices or at the site of one of the provider's CME activities. While the interview time is designed to take approximately 90 minutes, the survey team typically spends one-half day at the provider's administrative offices. In addition to interview time, the survey team spends time meeting together and completing reports. On-site interviews may be longer than one-half day if a live CME activity is reviewed during the visit. The ISMA may require a provider to have a CME activity reviewed, in accordance with ISMA Policy. ISMA Policy requires that new providers (initial applicants or provisionally accredited providers) must have a CME activity reviewed prior to receiving a status of "accreditation". In addition, CME activity reviews can be requested as part of an accreditation decision or monitoring issue. Providers required to have an activity reviewed as part of their accreditation process will be prompted by the ISMA to submit information to facilitate this process. A provider may choose the activity type and activity to be reviewed, unless otherwise specified by the ISMA

Regardless of the format, all interviews are designed to last approximately 90 minutes. Each provider is notified what format options are available to them in the ISMA's official notification letter. Based on a provider's available interview options, the ISMA will then prompt the provider via email to register for its interview. Interview registration instructions and information are available at www.ismanet.org/cme.

Interview Fees

In addition to the accreditation fee, providers incur expenses related to the interview. Expenses

related to the interview vary based on the format. Providers participating in an on-site interview will be billed for the surveyors' actual travel, meal, and incidental expenses (incurred in accordance with ISMA's policies regarding reimbursable expenses for volunteers) within 30 days of the interview. Providers participating in face-to-face interviews will be billed a flat fee to cover surveyor expenses and ISMA facility expense. Theses expenses are billed separately from and are in addition to the Initial Accreditation Fee or Reaccreditation Fee. Payment of these expenses is expected prior to receiving an accreditation decision.

The following is a listing of the ISMA's current fees associated with the interview:

Type of Interview	**Costs to be billed to provider by ISMA**
Face-to-Face Interview	$700 flat fee for reimbursement of ISMA interview expenses
On-Site Interview	The ISMA will invoice the provider for the actual expenses of the survey team. The ISMA has estimated the cost for an on-site interview to be approximately $900.

In addition to the costs billed by the ISMA, the provider may incur additional expenses, e.g., travel expenses for representatives of the provider to come to Indianapolis, rental equipment needed for the presentation, etc. These additional costs are the responsibility of the provider.

ISMA's Decision Making Process

Data and information collected in the accreditation process is analyzed and synthesized by the ISMA's Committee on Medical Education. The ISMA's Committee on Medical Education meets two times per year and makes recommendations to the ISMA's Decision Committee. All accreditation decisions are ratified by the full Board of Directors of the ISMA. This multi-tiered system of review provides the checks and balances necessary to ensure fair and accurate decisions. The fairness and accuracy of ISMA decisions is also enhanced by ISMA's use of a criterion-referenced decision-making system.

The decision making process assesses providers' compliance with the Accreditation Requirements based on information collected during the accreditation process. The ISMA will also consider data from Monitoring issues, if such data are applicable to the provider.

Initial Accreditation Timeline

The timeline for an initial applicant to complete the accreditation process is dependent upon the dates that materials are submitted to the ISMA. Once a preapplication is approved by the ISMA, an organization has six months to submit a Self Study Report for initial accreditation. The ISMA's accreditation process requires a three-month window between the submission of a Self Study Report for initial accreditation and the date of the interview. Based on the date of the survey, the initial applicant is grouped into a cohort of providers that are to receive a decision from the ISMA at the respective Board meeting. The ISMA's Board meets twice each year (May or June and November or December). Within two weeks of the Board meeting at which the applicant would receive a decision, the ISMA will notify the provider of its findings.

Appendix:
ISMA's Expectations for RSS Monitoring Systems and Reporting on Monitoring Systems

Providers that produce Regularly Scheduled Series (RSS), formerly referred to as RSCs, need to ensure that (1) their systems to monitor their RSS so that RSS meet ISMA's Criteria and (2) the reports on their monitoring follow ISMA's expectations. These expectations are:

1. The ISMA expects that **all** series and all sessions within a series will meet ISMA's Updated Criteria and be in compliance with ISMA Policies. At the activity level the ISMA expects providers to monitor successes at meeting Criteria 2 through Criteria 11.

2. A provider must collect data and information from **all** series as a part of its monitoring system.

3. A provider will create a **data set(s)** from the information gathered through the monitoring system. These data may be based on a sample of a provider's sessions or on data from all sessions. If sampling is used then data from 10% to 25% of the sessions **within each series across the whole accreditation term** must be used.

4. A provider will analyze the data and information (C11-C12) and determine if the RSS has met ISMA's Updated Criteria (C2-C10; optional: C16-22) and ISMA Policies
    - A provider can determine a RSS has met a Criterion or is in compliance with an ISMA Policy if the provider's monitoring system indicates performance, as outlined in the Criterion or Policy, is achieved 100% of the time.
    - If monitoring data indicate that performance in a series or session did not meet a Criterion or Policy, then the provider should identify the problem (C13), implement improvements C14), and measure the impact of the implemented improvements (C15).