ACCME Guide to the Initial Accreditation Process:

Demonstrating the 2006 Accreditation Criteria

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Overview and Background Information

Conducting Your Initial Self Study

The self study process provides an opportunity for an Initial Applicant 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.

As an Initial Applicant, your organization is expected to provide narrative and evidence for Level 1 Criteria (Criteria 1-3, and 7-12). Your organization may choose to submit narrative and evidence for Level 2 (Criteria 4-6, and Criteria 13-15) and Level 3 Criteria (Criteria 16-22). The ACCME will give a compliance finding and feedback for your narrative and evidence for Level 2 and 3 Criteria, but the findings and feedback will not affect your organization's accreditation status.

An outline of the content of the *self study report* is specified by the ACCME, 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 initial self study is intended to address:

o The extent to which your organization has met its CME Mission (C1, C12)
o An analysis of factors that supported or detracted from the CME mission being met (C11, C12)
o 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)
  • Is independent, maintains education separate from promotion, ensures appropriate management of commercial support, and does not promote the proprietary interests of a commercial interest (C7-C10)

Additionally as an Initial Applicant; you may choose to address the following in your self study.

o The extent to which, in the context of meeting your CME mission, your organization produces CME that:
  • 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)
o How implemented improvements helped your organization better meet its mission (C13-C15)
o The extent to which your organization is engaged with its environment (C16-C22)

Data Sources Used in the Accreditation Process ❷

The ACCME's accreditation process is **an opportunity** for each Initial Applicant to demonstrate that its practice of CME is in compliance with the ACCME's accreditation requirements through three primary sources of data about the organization's CME program:

1. **Self Study Report:** Initial Applicants are expected to *describe* and provide *examples* of their CME practices. **When describing a practice**, you are offering a narrative to give the reader an understanding of the CME practice(s) related to a Criterion or Policy. **When asked for an example** of a CME practice, the *ACC*ME expects to *see* documentation/documents/materials that demonstrate the *implementation* of the practice that was described.

2. **Performance-in-Practice Review:** Initial Applicants are asked to verify that their CME activities meet the ACCME's 2006 Accreditation Criteria through the documentation review process.

    For **Initial Accreditation**, the provider will present evidence of performance-in-practice to the ACCME for documentation review from at least 2 activities.

3. **Accreditation 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.

Expectations about Materials
The materials submitted to the ACCME, in any format, must not contain any untrue statements, must not omit any necessary material facts, must not be misleading, must fairly present the organization, and are the property of the organization.

Materials submitted for accreditation (self study report, activity files, other materials) must not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

Missing or Incomplete Information
Please note: in some cases the ACCME is unable to render a decision due to missing or incomplete information. If this occurs, the ACCME reserves the right to request additional information, the expenses for which will be borne by the provider.

Expectations for Regularly Scheduled Series (RSS)

An Initial Applicant that produces Regularly Scheduled Series (RSS) must ensure that its program of RSSs contributes to fulfilling the organization's mission, fulfills the ACCME requirements, and potentially demonstrates the organization's engagement with the system in which it operates – just like any other activity type.

The ACCME defines RSS as an educational activity that is presented as a **SERIES** of meetings which occur on an ongoing basis (e.g., weekly, monthly, or quarterly) and is primarily planned by and presented to the Initial Applicant's own professional staff. Examples of RSS are Grand Rounds, Tumor Boards, and M&M Conferences. Each RSS is made up of multiple sessions, or individual meetings, that occur on regular intervals.

RSS will be included as part of the performance-in-practice review process. To demonstrate compliance with RSS selected for performance-in-practice review, organizations must present:

1) A description of the monitoring system (including, for example, sources of data and sampling strategies) used to collect and analyze data regarding the compliance of the selected RSS and a summary of the RSS monitoring data collected, along with your analysis and compliance conclusions and any needed improvements identified and implemented;

   OR

2) Documentation from the planning, implementation, and evaluation of the selected series.

Self Study Report for ACCME Accreditation:
Contents, Structure and Format

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Contents of the Initial Self Study Report for ACCME Accreditation

I.   Introduction

    A.   Self Study Report Prologue

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

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

    A. Attach your CME mission statement.   Identify and highlight each required component (i.e., (1) purpose, (2) content areas, (3) target audience, (4) types of activities, and (5) expected results of the program, articulated in terms of changes in competence, performance, or patient outcomes. (C1)

III.   Essential Area 2: Educational Planning (Criteria 2-7 SCS1) and ACCME Policies

The next set of items is designed to gather information on your educational planning process. Describe the following components of your planning process:

    A. How you identify the professional practice gap(s) of your own learners. (C2)

    B. How you identify the educational needs of your learners that underlie the professional practice gap(s) that you have identified. (C2)

    C. That you incorporate these needs into CME activities.(C2)

    D. What your activities are designed to change: competence, and/or performance, and/or patient outcomes? (C3)

    E. How your organization ensures independence from commercial interests in the above planning steps, and others, as listed here: (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. (C7 SCS1)

Initial Applicants may also address the following optional questions:

    F. How your organization matches the content of your activities to what your learners currently or may do? (i.e., their current or potential scope of practice). (C4) **optional**

    G. What educational formats (i.e., activity type and methodology) you use and why you use them. (C5) **optional**

    H. How the formats are appropriate to the setting, objectives, and desired results of an activity. (C5) **optional**

    I. That your activities are planned within the context of desirable physician attributes (e.g., ABMS/ACGME Competencies, IOM Competencies). (C6) **optional**

J. **REQUIRED: Include two activity examples** that illustrate all of the steps of the planning process you have described. For both of the activity examples, explicitly identify and/or describe:

    (1) The problem, or professional practice gap, the activity was addressing (C2)
    (2) The educational need that was underlying this gap for your learners (C2)
    (3) What the activity was designed to change (competence, performance, or patient outcomes) (C3)
    (4) That the activity was designed to ensure independence from commercial interests (C7 SCS1.1)

Initial Applicants may also address the following optional questions:

    (5) That the activity matched the current or potential scope of practice of your learners (C4) **optional**
    (6) The format of the activity (C5) **optional**
    (7) The desirable physician attribute associated with the activity. (C6) **optional**

K. **Describe** the mechanism your organization uses to **record and verify physician participation** for six years from the date of your CME activities.

L. Include **one example** that demonstrates your practice to **record and verify physician participation**.

| IV. | Essential Area 2: Educational Planning: ACCME Standards for Commercial Support – Identification and Resolution of Conflicts of Interest and Disclosure (Criterion 7 SCS2 & SCS6) |

NOTE: Your organization must respond to all items in this section

A. **Describe** the mechanism(s) your organization uses to ensure that everyone in a position to control educational content (e.g., faculty, planners, reviewers, and others who controlled 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. *(C7 SCS 2.1, 2.2)*

B. **Describe** the mechanism(s) your organization uses to identify conflicts of interest prior to an activity. *(C7 SCS 2.3)*

C. **Describe** the mechanism(s) your organization uses to resolve conflicts of interest prior to an activity. *(C7 SCS 2.3)*

D. **Describe** your organization's process(es) and mechanism(s) for disclosure to the learners prior to the activity of (1) relevant financial relationships of all persons in a position to control educational content and (2) the source of support from commercial interests, including "in-kind" support, if applicable. *(C7 SCS 6.1-6.5)*

E. **Include two activity examples** that illustrate your descriptions above. For each activity example, explicitly show and/or describe:

(1) Who was in a position to control educational content, specifying their role (e.g., planner, faculty, reviewer, staff) *(C7 SCS 2.1)*

(2) That all individuals in control of content disclosed to your organization relevant financial relationships with commercial interests, including verification that individuals who refuse to disclose are disqualified; *(C7 SCS 2.1)*

(3) The mechanisms you implemented to identify and resolve conflicts of interests prior to the activity; *(C7 SCS 2.3)*

(4) Disclosure to learners, prior to the beginning of the activity, of the presence or absence of relevant financial relationships of all who controlled content. *(C7 SCS 6.1, 6.2, 6.5)*

(5) If applicable, disclosure to learners, prior to the beginning of the activity, of the source(s) of support, including "in-kind" support, from commercial interests. *(C7 SCS 6.3-6.5)*

V. **Essential Area 2: Educational Planning: ACCME Standards for Commercial Support – Management of Funds (Criterion 8)**

NOTE: your organization must respond to items A - B, regardless of whether or not your organization accepts commercial support.

A. **Attach** your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors. *(C8 SCS 3.7-3.8)*

B. **Describe** how you ensure that social events do not compete with or take precedence over educational activities. *(C8 SCS 3.11)*

NOTE: If your organization accepts commercial support, respond to C - E; if not, go to Section VI.

C. **Describe** your process(es) for the receipt and disbursement of commercial support (both funds and in-kind support). *(C8 SCS 3.1)*

D. **Describe** how you ensure 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. *(C8 SCS 3.3; 3.9)*

E. **Attach an example** of a written agreement documenting terms, conditions, and purposes of commercial support used to fulfill relevant elements of the SCS. *(C8 SCS 3.4-3.6)*

VI. **Essential Area 2: Educational Planning: ACCME Standards for Commercial Support – Separation of Education from Promotion; Promotion of Improvements in Healthcare (Criteria 9-10)**

NOTE: ALL ORGANIZATIONS must respond to this section, regardless of whether or not your organization accepts commercial support or arranges for commercial exhibits or promotion in your activities.

A. Do you organize *commercial exhibits* in association with any of your CME activities? If yes, **describe** how your organization ensures that arrangements 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. *(C9 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. *(C9 SCS 4.2, 4.4)*

C. 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. *(C10 SCS 5.1) (i.e., there is not commercial bias)*
      (2) CME activities give a balanced view of therapeutic options. *(C10 SCS 5.2)*
      (3) The content of CME activities is in compliance with the ACCME's content validity value statements[1]. *(Policy on Content Validation)*

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

A. What were the conclusions you drew from your analysis of changes in learners compentence, performance, or patient outcomes achieved as a result of your overall program's activities/educational interventions. (C11)

B. Provide a summary of the data upon which you based your analysis of changes in learners. (C11)

C. Based on your review of the data and information provided in the responses to questions A-B, describe your conclusions regarding **your organization's success at meeting its CME mission**, including the degree to which your organization has: (C12)

      (1) fulfilled its purpose
      (2) provided CME on the content areas outlined in the mission
      (3) reached its target audience
      (4) produced the types of activities stated in the mission
      (5) achieved its expected results, in terms of competence, performance, or patient outcomes.

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[1] 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 ACCME 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.

Initial Applicants may also address the following optional questions:

D. As a result of your program-based analysis, what changes did you **identify** that could help you better meet your CME mission? (C13) **optional**

E. Based on the changes you identified that could be made, describe the changes to your program that you have **implemented** (C14)? **optional**

F. How have you **measured** the impact of these implemented changes on your organization's ability to meet its CME mission? (C15) **optional**

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

NOTE: Your organization may choose to respond to the following items

A. If your organization integrates CME into the process for improving professional practice, **describe** how this integration occurs. Include **examples** of explicit organizational practices that have been implemented. (C16) **optional**

B. If your organization utilizes non-education strategies to enhance change as an adjunct to its educational activities, **describe** 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-education strategies were connected to either an individual activity or group of activities. Include **examples** of non-education strategies that have been implemented. (C17) **optional**

C. If your organization identifies factors outside of its control that will have an impact on patient outcomes, **describe** those factors. Include **examples** of identifying factors outside of your organization's control that will have an impact on patient outcomes. (C18) **optional**

D. If your organization implements educational strategies to remove, overcome, or address barriers to physician change, **describe** these strategies. Include **examples** of educational strategies that have been implemented to remove, overcome, or address barriers to physician change. (C19) **optional**

E. If your organization is engaged in collaborative or cooperative relationships with other stakeholders, **describe** these relationships. Include **examples** of collaboration and cooperation with other stakeholders. (C20) **optional**

F. If your CME unit participates within an institutional or system framework for quality improvement, **describe** this framework. Include **examples** of your CME unit participating within an institutional or system framework for quality improvement. (C21) **optional**

G. If your organization has positioned itself to influence the scope and content of activities/educational interventions, **describe** organizational procedures and practices that support this. Include **examples** of how your organization is positioned to influence the scope and content of activities/educational interventions. (C22) **optional**

Organizing your Self Study Report

The self study report must be organized using divider tabs to separate the content of the report in the eight sections outlined below. This outline must also 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 (C1)

III. Essential Area 2: Educational Planning and ACCME Standards for Commercial Support – Independence (C2-C7 SCS 1) and ACCME Policies

IV. Essential Area 2: Educational Planning: ACCME Standards for Commercial Support – Identification and Resolution of Conflicts of Interest and Disclosure (C7 SCS 2 and SCS 6)

V.   Essential Area 2: Educational Planning: ACCME Standards for Commercial Support – Management of Funds (C8)

VI. Essential Area 2: Educational Planning: ACCME Standards for Commercial Support – Separation of Education from Promotion; Promotion of Improvements in Healthcare (C9-C10)

VII. Essential Area 3: Evaluation and Improvement (C11-C15)

VIII. Essential Area 3: Engagement with the Environment: Level 3 / Accreditation with Commendation (C16-C22)

EXAMPLE TABLE OF CONTENTS

Formatting your Self Study Report

1. **Provide required narrative and attachments** for each item indicated on the ACCME self study report outline.
2. **Put attachments at the end of the appropriate section of the report.** Do not put them all at the back of the entire report or intersperse them throughout the narrative.
3. **Include a table of contents** that follows the self study report outline as published in this document, listing the page numbers of each narrative item and attachment of the report.
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**.
5. **Type with at least 1" margins** (top, bottom and sides), using **11 point type or larger**.
6. **Do not use plastic sleeves** for single pages or multi-page documents (i.e. brochures, handouts, etc). Copy pertinent excerpts to standard paper for inclusion in the binder.
7. **Use a three-ring binder no wider than two inches** to hold the self study report. The rings may not be more than two inches in diameter, and the materials may not be more than two inches in thickness.
8. **Prepare four copies** of the self study report for submission to the ACCME. Keep a separate duplicate copy for your reference at any time during the accreditation process but especially at the time of the accreditation interview.
9. **Prepare one electronic copy** of the self study report narrative and attachments (in addition to the four binders), bookmarked according to the outline on pages 8-14 of this guide, **as a single PDF file on either a CD-ROM or flash drive.**

Materials not submitted according to required specifications will be returned at the organization's expense. This may result in a delay in the accreditation review process, additional fees, and may impact your organization's accreditation status. Particularly important format considerations are <u>size</u> and <u>pagination</u>.

ACCME'S Review of Performance-in-Practice Content, Structure and Format ❹

Content of Your Performance-in-Practice Review Materials

The ACCME's performance-in-practice review provides an opportunity for Initial Applicants to demonstrate compliance with the ACCME's expectations and an opportunity to reflect on their CME practices.

Materials that demonstrate compliance with the ACCME's expectations may result from work done for individual activities or as part of the overall CME program. Meeting minutes and strategic planning documents are two examples of materials that might help a provider show how an activity meets the ACCME's expectations with evidence not directly related to a specific CME activity. Initial Applicants must include such materials in labeled evidence to verify compliance.

Facilitation of the ACCME's review of an Initial Applicant's performance-in-practice in its CME activities requires the following actions by the Initial Applicant:
    (1) Selection of at least 2 CME activities for which the Initial Applicant will present labeled evidence to demonstrate compliance through performance-in-practice
    (2) Submission of CME activity data for the CME activities selected by the Initial Applicant for performance-in-practice review
    (3) Submission of labeled evidence of performance-in-practice for activities selected

STAGE 1: Selection of CME Activities for Performance-in-Practice Review

The Initial Applicant will select at least 2 recently completed CME activities for which it will present labeled evidence to demonstrate compliance through performance-in-practice.

STAGE 2: Submission of CME Activity Data

Using the ACCME's Program and Activity Reporting System, or "PARS," (pars.accme.org), you will submit information about the CME activities that your organization has selected for performance-in-practice review.

Individuals that are designated as your organization's Primary Contact, Billing Contact, Administrative Contact and/or CEO have the ability to login to PARS and enter CME activity data for your organization. Your organization may have up to five users that can access and enter CME Activity data into PARS. Individuals at your organization with current access rights may add others to your organization's PARS account at any time.

PARS offers three options for entering CME activity data:

1. **Web-based interface** is appropriate for organizations that provide only a few activities each year.

2. **Tab-delimited upload** is a batch method for uploading data about multiple activities at one time. The tab-delimited file upload process originates with the use of an MS Excel template which closely mirrors the CME Activity List used previously by ACCME accredited providers to report activities for reaccreditation purposes.

    Organizations that already have their own CME tracking system, and have the ability to match the fields in this system to the fields in the template, might elect to use this format. The tab-delimited format might also be a good choice for organizations that provide the same activity in multiple locations throughout the year. In this case, ACCME expects you to count each of these events as separate activities. Because the process originates with an MS Excel template, a simple way for you to enter many activities with similar data is to copy data from one row to another.

    Detailed instructions for completing a tab-delimited upload, as well as the tab-delimited template can be found at: http://education.accme.org/faq109.

3. **XML upload** (XML stands for **eXtensible Markup Language**) is a Web standard that makes it easier for computer systems to exchange data over the Internet. In order to collect information in a manner that is consistent with the data communications standards being adopted by medical education content providers, PARS includes a data upload tool that accepts XML files formatted to conform with the Medical Education Metrics (MEMS) XML standard created by Medbiquitous. Providers that have CME activity tracking systems that support exports to XML files may wish to explore this option for uploading data to ACCME.   Some technical knowledge of your tracking system and XML may be required. The PARS XML schema can be found at: http://education.accme.org/faq110.

To learn more about PARS, visit http://education.accme.org/help/pars.

STAGE 3: Submission of Labeled Evidence of Performance-in-Practice

The ACCME utilizes the review of an Initial Applicant's performance-in-practice, as seen in materials from CME activities, to verify that the Initial Applicant meets the ACCME's expectations. The requirements for assembling and submitting performance-in-practice materials to the ACCME for the accreditation process and for the AMA are outlined in this section.

Instructions for Preparing Materials for ACCME Performance-in-Practice Review

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"GOING GREEN"

The ACCME encourages organizations to submit their evidence of performance-in-practice in electronic format as PDF files on a CD-ROM or flash drive, which will have the benefit of conserving material resources, energy, space, and shipping costs. The ACCME has tested this format with a number of organizations, all of whom have indicated that electronic formatting did not require additional time or resources to implement. Organizations whose own filing systems were electronic found this option to be easier and preferable to hard copy submission. If your organization would like to submit its performance-in-practice materials electronically, please contact Accreditation Services at ACCME to make the necessary arrangements.

The following are instructions for hard copy submission:

Step A – Downloading the Labels

Download the ACCME Documentation Review Labels. Click here for ACCME LABELS. This label template is pre-formatted to print onto *Avery Standard File Folder Labels* #5266. White or color labels are acceptable.

Step B – Labeling Your Evidence to Support Compliance

- Insert the corresponding label on the **first page** of the evidence, or on a **coversheet** (when there are multiple pages), that supports each Criterion or Policy identified on the label.

- Present materials that you developed and utilized for the activity to help your organization demonstrate compliance. A review of your organization's performance-in-practice is not intended to cause you to generate new or additional documentation.

- Use discretion in selecting only evidence that relates specifically to compliance criteria. The ACCME does not need to see the entire working file, every sign-in sheet, every completed activity evaluation form, faculty CVs, slide packets or other handouts in their entirety in order to verify compliance.

- Please note, however, that signed written agreements for all commercial support received must be presented, along with a list of the commercial supporters, if commercial support was received. Also, evidence of disclosing the presence or absence of relevant financial relationships to learners for all persons in control of content must be provided, along with a list identifying all persons in control of content with their names and their roles e.g., planners, faculty, reviewers, staff.

- If multiple criteria and/or policies are addressed on one document (such as a course brochure or syllabus page), you may place more than one label on the document.

- *Blank forms and checklists alone do not verify performance-in-practice.*

- Evidence supporting compliance for <u>Regularly Scheduled Series</u> may be in the form of

  1) A description of the monitoring system (including, for example, sources of data and sampling strategies) used to collect and analyze data regarding the compliance of the selected RSS and a summary of the RSS monitoring data collected, along with your analysis and compliance conclusions and any needed improvements identified and implemented;

     OR

  2) Documentation from the planning, implementation, and evaluation of the selected series.

Once you have inserted the label to the evidence or coversheet, HIGHLIGHT with …
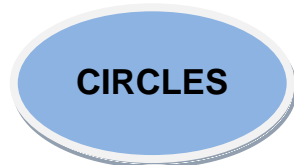
Colored Markers OR Highlights OR LABELS

OR ARROWS **OR OTHER METHODS LIKE**

CIRCLES **OR** CALL OUT BOXES

… to pinpoint in the materials your demonstration of compliance. One sentence or paragraph within a five-page document may be your demonstration of compliance. It is important that you use your evidence to demonstrate how and where you are in compliance.

<u>Expectations of Performance-in-Practice with Regard to the 2006 Accreditation Criteria</u>
The ACCME expects that your organization has been transitioning to the 2006 Accreditation Criteria. The ACCME's accreditation process is sensitive to this transition and will seek information regarding the status of your organization's implementation process and timeline.

Your organization may not have evidence to demonstrate that a Criterion was met in an activity because:
1. The date of the activity precedes your organization's implementation of the Criterion listed on the label; or
2. The Criterion is not applicable to the activity.
3. If you <u>do not have evidence</u> to demonstrate that the activity meets the Criterion, place the label for the criterion on a sheet of paper and explain why there is no evidence. For example, "No commercial support accepted for this activity."

Step C – Assembling an Activity File

1. Labeled evidence for each activity selected must be submitted in an 8 ½" by 11" file folder; do NOT submit evidence in binders.

2. Affix a label on the front cover of the file folder that specifies:

   - Full name of organization (no acronym)

   - Activity title as it appears on the CME Activity List

   - Activity date and location as it appears on the CME Activity List; any variation must be explained

   - Type of activity (Your <u>only</u> choices are Course, Internet Activity Live, Internet Activity Enduring Material, Enduring Material, Journal CME, Journal-based Manuscript Review, Test Item Writing, Committee Learning, Performance Improvement, Learning from Teaching, Internet Searching and Learning, or RSS)

   - Directly or jointly sponsored activity

   - If commercial support was accepted

Step D – Enclose the CME Product

Please submit the **CME product** in its entirety for each **Internet, journal-based and/or enduring material CME activity** selected, **in addition to** the labeled evidence for these activities. CME products are being requested to assess compliance with the ACCME policy requirements relative to the activity type.

Please make clear where the information supporting compliance with the policy requirements can be found by highlighting, flagging, noting, describing, or otherwise providing written directions to ensure that you are showing where in the product you are meeting the policy requirements.

For Internet activities provide a direct link to the online activities or the URL, and a username and password, when necessary. If an Internet activity selected is no longer available online, you may submit the activity saved to CD-ROM or provide access on an archived web site. If ACCME surveyors have difficulty accessing the activities or finding the required information, you will be expected to clarify this evidence at the time of the interview. Active URLs, login IDs and passwords must be made available for the duration of your organization's current accreditation review.

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Submitting Materials to the ACCME

- Organizations must ship the following materials to the ACCME:
    - o (1) four self study report binders
    - o (2) one electronic copy of the self study report as a single PDF file on either a CD-ROM or flash drive
    - o (3) one set of your evidence of performance-in-practice for the identified activities
    - o (4) one copy of the CME product(s) for any enduring materials, Internet, or journal-based CME activities selected

- Do not ship original documents. Activity files will **not** be returned.

- ***Retain a duplicate set of materials including the self study report and labeled evidence of performance-in-practice for your own reference at any time during the accreditation process, but especially at the time of the accreditation interview. If the need arises, the ACCME may ask for a second copy of a file or set of files****.*

Materials must be shipped via a method that has a reliable electronic, web-enabled delivery tracking system to the following address**:**

Accreditation Services
Accreditation Council for Continuing Medical Education
515 North State Street, Suite 1801
Chicago, IL 60654

Phone: (312) 527-9200

Accreditation Interview ❻

Initial Applicants that have been deemed eligible to continue with the initial accreditation process must submit all required self study materials to the ACCME, including four copies of the self study report, labeled evidence of performance-in-practice from at least two recently completed CME activities, and payment of the $7,500 Initial Accreditation Fee.

Once all required information and payment has been received, the ACCME will contact the Initial Applicant to schedule an accreditation interview.

The accreditation interview offers your organization the opportunity to discuss its CME program with qualified surveyors. ACCME surveyors will be assigned to review the self study materials you have submitted to the ACCME and meet with representatives of your CME program to engage in a dialogue about your CME program and your organization's policies and practices to ensure compliance with the Accreditation Criteria, including the Standards for Commercial Support and Accreditation Policies. At the interview, the surveyors will seek clarification about any questions they may have regarding the self study materials you submitted to the ACCME. ACCME surveyors are expected to conduct their interactions with providers in a professional manner. You can expect surveyors to be familiar with your materials and the ACCME's Accreditation Criteria and Policies. Surveyors are expected to communicate clearly and effectively with providers without offering consultative advice or feedback regarding compliance or the expected outcome of the accreditation review. Following the interview, the surveyors will document the results of their conversations with your organization and send the findings to ACCME. Once the findings are received, ACCME's decision making process begins.

The ACCME utilizes the conference call as its standard accreditation interview format. Interviews typically average 90 minutes in length. Initial Applicants will still have the option of requesting other formats of interview. The ACCME may require another format of interview. If an alternative is determined to be warranted, arrangements will be made at the time dates are solicited.

It is important to note that Initial Applicants must fulfill the following two requirements:

　　1) They must have an accreditation interview at their administrative offices; and

　　2) They must have a CME activity reviewed.

There is no prescribed order for these two requirements, but both requirements must be completed prior to Accreditation.

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Decision Making Process

Your organization's compliance findings and the outcome of the accreditation review are determined by the ACCME based on the data and information collected in the accreditation process. The ACCME will also consider data from Monitoring issues, if such data are applicable to the provider. The data and information are analyzed and synthesized by the Accreditation Review Committee (ARC). The ARC makes recommendations on findings and status which are forwarded for action by the ACCME's Decision Committee. All accreditation decisions are ratified by the full Board of Directors of the ACCME which meets three times each year (generally, in March, July, and November).

This multi-tiered system of review provides the checks and balances necessary to ensure fair and accurate decisions. The fairness and accuracy of ACCME decisions is also enhanced by the ACCME's use of a criterion-referenced decision-making system.

Accreditation decision letters are sent to Initial Applicants via mail following the ACCME Board of Directors' meeting.