



**ISMA Guide to the  
Accreditation Process:  
Demonstrating the 2006  
Accreditation Criteria**

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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 proprietary interests of a commercial interest (C7-C10)
- 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 on [www.ISMA.org/CME](http://www.ISMA.org/CME). Please refer to the "Accreditation and Restudy" page of the ISMA's website. You will find the following documents and forms in that section:

1. ISMA Guide to the Accreditation Process
2. CME Activity List
3. Performance-in-Practice Review Labels

## Data Sources Used in the Accreditation Process

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

1. **Self Study Report:** Providers 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 *ISMA* expects to see documentation/documents/materials that demonstrate the *implementation* of the practice that was described.
2. **Performance-in-Practice Review:** Providers are asked to verify that their CME activities meet the ISMA's 2006 Accreditation Criteria through the documentation review process.

The ISMA will select up to 15 activities for which the provider will be expected to present evidence of performance-in-practice to the ISMA for documentation review.

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 ISMA, 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***

Meeting all of the deadlines in the reaccreditation review process will result in an accreditation decision from the ISMA in July 2011. Please note: in some cases the ISMA is unable to render a decision due to missing or incomplete information. If this occurs, the ISMA reserves the right to request additional information, the expenses for which will be borne by the provider.

## Expectations for Regularly Scheduled Series (RSS)

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

The ISMA 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 accredited organization'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, providers 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 ISMA Accreditation: Contents, Structure and Format

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## Contents of the Self Study Report for ISMA 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.
- B. 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).

### 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 ISMA 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 matches the content of your activities to what your learners currently or may do? (i.e., their current or potential scope of practice). (C4)
- F. **What** educational formats (i.e., activity type and methodology) you use and why you use them. (C5)
- G. **How** the formats are appropriate to the setting, objectives, and desired results of an activity. (C5)
- H. **That** your activities are planned within the context of desirable physician attributes (e.g., ABMS/ACGME Competencies, IOM Competencies). (C6)
- I. **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)

- J. 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 matched the current or potential scope of practice of your learners (C4)
  - (5) The format of the activity (C5)
  - (6) The desirable physician attribute associated with the activity. (C6)
  - (7) That the activity was designed to ensure independence from commercial interests (C7 SCS1.1)
- 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: ISMA Standards for Commercial Support – Identification and Resolution of Conflicts of Interest and Disclosure (Criterion 7 SCS2 & SCS6)**

- 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: ISMA Standards for Commercial Support – Management of Funds (Criterion 8)**

**NOTE: ALL ORGANIZATIONS 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: ISMA 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 ISMA's content validity value statements<sup>1</sup>. *(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 competence, 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.
- D.** As a result of your program-based analysis, what changes did you **identify** that could help you better meet your CME mission? (C13)
- E.** Based on the changes you identified that could be made, describe the changes to your program that you have **implemented** (C14)?
- F.** How have you **measured** the impact of these implemented changes on your organization's ability to meet its CME mission? (C15)

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<sup>1</sup> ISMA'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)

**NOTE:** The information gathered through your organization's responses here will be used to determine eligibility for Accreditation with Commendation.

- 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)
- 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)
- 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)
- 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)
- 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)
- 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)
- 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)

## 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 ISMA Standards for Commercial Support – Independence (C2-C7 SCS 1) and ISMA Policies
- IV. Essential Area 2: Educational Planning: ISMA 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: ISMA Standards for Commercial Support – Management of Funds (C8)
- VI. Essential Area 2: Educational Planning: ISMA 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

	<u>PAGE</u>
V. Essential Area 2: Educational Planning: ISMA Standards for Commercial Support – Management of Funds (C8)	
<b>A. Attach</b> your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors (SCS 3.7-3.8).....	<b>45</b>
<b>B. Describe</b> how you ensure that social events do not compete with or take precedence over educational activities. (SCS 3.1).....	<b>50</b>

## Formatting your Self Study Report

1. **Provide required narrative and attachments** for each item indicated on the ISMA 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. **Behind the “Introduction” tab,** include the 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).
4. **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.
5. **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.**
6. **Type with at least 1” margins** (top, bottom and sides), using **11 point type or larger.**
7. **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.
8. **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.
9. **Prepare four copies** of the self study report for submission to the ISMA. Keep a separate duplicate copy for your reference at any time during the accreditation process but especially at the time of the accreditation interview.
10. **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 size and pagination.***

# ISMA'S Review of Performance-in-Practice Content, Structure and Format

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## Content of Your Performance-in-Practice Review Materials

The ISMA's performance-in-practice review allows providers to demonstrate compliance with the ISMA's expectations and offers providers an opportunity to reflect on their CME practices. Materials that demonstrate compliance with the ISMA'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 ISMA's expectations with evidence not directly related to a specific CME activity. Providers must include such materials in labeled evidence to verify compliance.

Facilitation of the ISMA's review of a provider's performance-in-practice in its activity files involves three stages:

- (1) The provider's submission of its CME activity list
- (2) The ISMA's selection of activities for performance-in-practice review
- (3) The provider's submission of evidence of performance-in-practice for activities selected

## STAGE 1: Submitting your CME Activity List for Performance-in-Practice Review

1. The list of activities must be submitted using the ISMA's template, which is provided at [www.ISMA.org](http://www.ISMA.org) (see CME Activities List Form).
2. This list must include all activities that your organization has offered, or plans to offer, under the umbrella of your ISMA accreditation statement during the current accreditation term. Your list of activities needs to be comprehensive and must include all activities **beginning with the month after your last accreditation decision and through the expiration of your current accreditation term**. For example, if you received a four-year Accreditation decision in July 2007, your list should include all accredited CME activities offered, or scheduled to be offered, from August 1, 2007 through July 31, 2011.
3. **For activities that have not yet occurred**, please use the best available information, year-to-date figures, or estimates to complete all required fields. You will have the opportunity to update this information for inclusion with the self study report.
4. Activities offered on multiple dates at various locations to different audiences, even if they have the same title and content, **must be listed for each date and location at which they were offered**. Responses such as "multiple," "various," or "ongoing" are not acceptable for activity date or location.
5. **Organizations that produce Regularly Scheduled Series (RSS) must list these activities by YEAR and SERIES (e.g. department)**. Do not list each daily, weekly, or monthly session.
  - The ISMA defines RSS as daily, weekly or monthly CME activities that are primarily planned by and presented to the provider's own professional staff, and are offered under the umbrella of your ISMA accreditation statement, as one activity. RSS are most

commonly offered by hospitals and medical schools and typically include such activities as Grand Rounds, Noon Conferences, and Tumor Boards.

- By contrast, annual meetings are scheduled regularly, on a yearly basis, but they do not fit the ISMA definition of RSS. Similarly, conferences offering the same content at various times and locations may be scheduled on a regular basis, but they do not fit the ISMA's definition of RSS.
  - When counting RSS for the activity list, include each series as one activity. Use the date of the first session to fill in the date field. The total hours of instruction for the series is the sum of hours available through the activity during the year, and the total participants is the sum of the number of physicians/ non-physicians attending each individual session.
  - **If you are not certain whether an activity should be categorized as an RSS, contact the ISMA for assistance.**
6. Providers must submit data for all activities in **columns A-I**. The spreadsheet has columns that must be filled in according to the specifications below.
- Column A: List the title of the activity.
- Column B: List the date the activity occurred in "MM/DD/YYYY" format. If the activity is multi-day, provide the beginning date of the activity only. If the activity is an enduring material, provide the release date or date of most recent review.
- Column C: List the activity's location in "City, ST" format. For enduring materials and Internet activities, please list your organization's home city and state or indicate not applicable.
- Column D: Use the drop down menu to indicate if the activity was directly or jointly sponsored (Co-sponsorship is not a menu option). List only those co-sponsored activities for which your organization took responsibility.
- Column E: Use the drop down menu to indicate the type of activity. Your **only** choices are: Course, RSS, Internet Activity Live, Enduring Material, Internet Activity Enduring Material, Journal-based CME, Manuscript Review, Test Item Writing, Committee Learning, Performance Improvement, Internet Searching and Learning, and Learning from Teaching.
- Column F: List the number of maximum number of hours available for the activity.
- Column G: List the number of physicians who participated. If attendance figures are incomplete at the time of submission, please include preliminary or year-to-date figures. You may update this information for inclusion with your self study report.
- Column H: List the number of non-physicians who participated. If attendance figures are incomplete at the time of submission, please include preliminary or year-to-date figures. You may update this information for inclusion with your self study report.
- Column I: Use the drop down menu to indicate whether the activity received commercial support. Your **only** choices are Yes and No.
7. Columns (J-Q) in the ISMA's CME Activity List spreadsheet are highlighted in yellow. **Submit data in these columns for activities presented after July 1, 2008:**
- Column J: List the amount of commercial support received. Commercial support is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity. The total figure should include an *estimated* dollar value for in-kind contributions. If activity has not

been presented, estimate the support you expect to receive. Advertising and exhibit income is not considered commercial support.

- Column K: List the number of commercial supporters of the activity. (If the activity has not occurred, estimate the number of commercial supporters expected).
- Column L: Use the drop down menu to indicate if the activity was designed to change physicians' competence. Your **only** choices are Yes and No.
- Column M: Use the drop down menu to indicate if change in physicians' competence was measured. Your **only** choices are Yes and No.
- Column N: Use the drop down menu to indicate if the activity was designed to change physicians' performance. Your **only** choices are Yes and No.
- Column O: Use the drop down menu to indicate if change in physicians' performance was measured. Your **only** choices are Yes and No.
- Column P: Use the drop down menu to indicate if the activity was designed to change patient outcomes. Your **only** choices are Yes and No.
- Column Q: Use the drop down menu to indicate if change in patient outcomes was measured. Your **only** choices are Yes and No.

8. Please observe the following instructions:

**Do not** alter the format of the ISMA template in any way, such as shading cells, changing column names, or adding blank rows or columns. You may, however, temporarily resize column width to view cell contents;

**Do not** leave blank cells in the spreadsheet for columns A-I;

**Do not** send the spreadsheet to the ISMA as a "zip file"; and

**Do not** include multiple worksheets, files, or attachments. Your submission should be **one** worksheet attached as **one** file.

9. Submit your list as an attachment via email to [activitylists@ISMA.org](mailto:activitylists@ISMA.org). Please include your **organization's name** and **provider number** in the subject line of the email and in the name of the attached file for identification purposes.

## STAGE 2: Selecting Activities for Performance-in-Practice Review

Based on the completed CME Activity List you provide to the ISMA, the ISMA will select up to 15 activities for review. The ISMA notifies providers via email of the activities selected for review; your organization will be asked to confirm receipt of this communication.

Keep in mind:

- Providers are accountable for demonstrating performance-in-practice for all activities selected for documentation review.
- If, after reviewing the list of selected activities, an error such as an incorrect activity date or format is noted, please notify the ISMA via email or fax and the selection will be updated.

## STAGE 3: Submitting Evidence of Performance-in-Practice for Review

The ISMA utilizes the review of a provider's performance-in-practice, as seen in materials from CME activities, to verify that the provider meets the ISMA's expectations. In addition, the ISMA collects additional evidence for the American Medical Association (AMA). The requirements for assembling and submitting performance-in-practice materials to the ISMA for the accreditation process and for the AMA are outlined in this section.

### Instructions for Preparing Materials for ISMA Performance-in-Practice Review

#### **“GOING GREEN”**

The ISMA encourages providers 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 ISMA has tested this format with a number of providers, 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 ISMA to make the necessary arrangements.

The following are instructions for hard copy submission:

#### **Step A – Downloading the Labels**

Download the ISMA Documentation Review Labels. Click here for [ISMA 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 ISMA 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 Regularly Scheduled Series 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**



**OR**



**OR OTHER METHODS LIKE**

**OR**



**... 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.**

### **Expectations of Performance-in-Practice with Regard to the 2006 Accreditation Criteria**

The ISMA expects that your organization has been transitioning to the 2006 Accreditation Criteria. The ISMA'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 do not have evidence 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 evidence because the date of the activity preceded our organization's implementation of the 2006 Accreditation Criteria," or "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 only 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 ISMA 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 ISMA 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.

## **Instructions for Preparing Materials for *AMA PRA Category 1 Credit*<sup>™</sup> Documentation**

The **American Medical Association's** collection of evidence from a representative sample of your activities demonstrates how well and how consistently your organization is meeting some of the *AMA's PRA Category 1 Credit*<sup>™</sup> requirements. The ISMA is collecting this evidence and transmitting it to the AMA PRA Department as a service to both the provider and the credit system. This information will NOT be considered as part of your ISMA accreditation decision.

### **Step A – Download the Labels**

Click here for [AMA PRA Labels](#)<sup>2</sup>. This label template is pre-formatted to print onto *Avery Standard File Folder Labels #5266*. You may use either white or colored labels.

### **Step B – Label the Documents**

As you are preparing your evidence for ISMA review, please assemble a **separate packet** that will include, for each activity selected, evidence of your organization's use of the:

- *AMA PRA Category 1 Credit*<sup>™</sup> Designation Statement by submitting a copy of the page of the brochure or handout which indicates the AMA's PRA statement
- AMA New Skills and Procedures Levels (if applicable).

### **Step C – Submit AMA Material to the ISMA**

Please submit the separate packet of AMA documentation to the ISMA at the same time you submit the ISMA documentation review materials. This packet will be forwarded to the AMA. It will not be reviewed by ISMA and it will have no bearing on your ISMA accreditation decision.

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<sup>2</sup>[http://www.ISMA.org/dir\\_docs/doc\\_upload/a061c230-fe8d-47b4-aa8e-69e0ea1c5444\\_uploaddocument.doc](http://www.ISMA.org/dir_docs/doc_upload/a061c230-fe8d-47b4-aa8e-69e0ea1c5444_uploaddocument.doc)

## Submitting Materials to the ISMA

- Organizations must ship the following materials to the ISMA:
  - (1) four self study report binders
  - (2) one electronic copy of the self study report as a single PDF file on either a CD-ROM or flash drive
  - (3) one set of your evidence of performance-in-practice for the identified activities
  - (4) one copy of the CME product(s) for any enduring materials, Internet, or journal-based CME activities selected
  - (5) one set of your evidence of use of the AMA accreditation statement and (if applicable) the AMA new skills and procedures levels
- 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 ISMA 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

The accreditation interview offers the provider the opportunity to discuss its CME program with qualified surveyors. ISMA surveyors will be assigned to review the self study materials you submit to the ISMA 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 ISMA. ISMA 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 ISMA'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.

### Interview Format

The ISMA utilizes the conference call as its standard accreditation interview format. Interviews typically average 90 minutes in length.

Providers will still have the option of requesting other formats of interview. The ISMA may require another format of interview. If an alternative is determined to be warranted, arrangements will be made at the time dates are solicited.

The ISMA will prompt the provider via email to submit their interview date preferences using an Internet-based platform. The ISMA will confirm your assigned surveyor(s) and the interview date and time approximately three months in advance via email. You will be asked to confirm receipt of this communication via a reply email.

## Decision Making Process

Your organization's compliance findings and the outcome of the accreditation review are determined by the ISMA based on the data and information collected in the accreditation process. The ISMA 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 ISMA's Decision Committee. All accreditation decisions are ratified by the full Board of Directors of the ISMA 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 ISMA decisions is also enhanced by the ISMA's use of a criterion-referenced decision-making system.

Accreditation decision letters are sent to providers via mail following the ISMA Board of Directors' meeting.