



## ACCREDITATION REQUIREMENTS OVERVIEW

### ISMA requires that,

1. Providers focus their CME programs through a clearly articulated educational mission of change and improvement.

*Criterion 1.* *The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.*

***“CME purpose, content areas, target audience, type of activities” same as 1998 System. “Expected results’ must go beyond “We will change ‘competence’, for example.***

2. Providers’ programs of CME are practice-based, change-focused, aligned with the learners’ professional practice, use the appropriate educational format, and are linked to desirable physician attributes.

*Criterion 2.* *The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.*

***Provider starts by identifying a gap then deduces the ‘knowledge cause’, or ‘strategy’ cause’ or”performance’ cause. Planning education so as to address the need is the same as ‘the provider incorporates.’***

*Criterion 3.* *The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.*

***The implementation of C2. Final product (the activity) demonstrates an attempt to change issues identified as the need.***

*Criterion 4.* *The provider generates activities/educational interventions around content that matches the learners’ current or potential scope of professional activities.*

***A rational link between the content of the activity and what the learners are reasonably expected to be doing in the type of professional practices that they have.***

*Criterion 5.* *The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.*

***Didactic sessions, small group discussion, interactive, hands on skills labs -- all perfectly acceptable – rationalized against what Provider is trying to accomplish.***

*Criterion 6.* *The provider develops activities/educational interventions in the context of desirable physician attributes (eg, IOM competencies, ACGME Competencies).*

***Simple juxtaposition of activity against a ‘competency’ is a start. Thoughtful reflection on integrating the competency into educational design is our goal.***

3. Providers' programs appropriately manage the boundary issues created by personal and organizational financial relationships with ISMA-defined commercial interests through compliance with the ISMA Standards for Commercial Support<sup>SM</sup>.

*Criterion 7. The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6).*

*Criterion 8. The provider appropriately manages commercial support (if applicable, SCS 3 of the ISMA Standards for Commercial Support<sup>SM</sup>).*

*Criterion 9. The provider maintains a separation of promotion from education (SCS 4).*

*Criterion 10. The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).*

**As per the 2004 ISMA Standards for Commercial Support<sup>SM</sup> and on-going enhancements. Will require self-monitoring and self assessment.**

4. Providers' programs of CME measure their successes at meeting their missions and respond appropriately to what the data says – with changes and improvements. A cascade of events.

*Criterion 11. The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.*

**At a PROGRAM level but requires some measures of all activities – analogous to RSS expectations. Asking learners what they think of value is NOT adequate. Learners as a source of data is expected. (“Describe your new strategy”; “Describe for us the pathophysiology of the disease process.” “Provide us with next month's performance measurement data.”). ISMA is looking for a reflective process whereby the Provider assimilates information from all activities into a self assessment of their program's successes.**

*Criterion 12. The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.*

**Provider integrates C11 information into a broader view of the organization – as judged against its own mission.**

*Criterion 13. The provider identifies, plans and implements the needed or desired changes in the overall program (eg, planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.*

**Focus on identifying the Provider's strategic plan for organizational improvement.**

*Criterion 14. The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed.*

**“...and implements.” Provider needs to be able to show Accreditor that things have changed as a result of C11. C12 and as planned in C13.**

*Criterion 15. The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured.*

**C11 and C12 for issues identified in C13 and interventions chosen in C14.'**

5. Providers' programs of CME operate in the context of the healthcare environment in which they are situated by being an asset to those attempting to improve professional practice, working to overcome barriers to change and collaborating with others.

- Criterion 16. The provider operates in a manner that integrates CME into the process for improving professional practice.*
- Evidence that CME supports practice based learning and improvement. Provides opportunities for investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.**
- Criterion 17. The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (eg, reminders, patient feedback).*
- Evidence of use of rewards, process redesign, peer review, audit feedback, monitoring, reminders, decision report systems, encouragement.**
- Criterion 18. The provider identifies factors outside the provider's control that impact on patient outcomes.*
- Has data and information that explains patient outcomes of learners .....beyond the performance of physicians.**
- Criterion 19. The provider implements educational strategies to remove, overcome or address barriers to physician change.*
- Has data and information on barriers to change applicable to own learners. Incorporated into educational program as activities, or modules.**
- Criterion 20. The provider builds bridges with other stakeholders through collaboration and cooperation.*
- Evidence of alliances with other organizations that has a demonstrable impact on the program of CME.**
- Other organizations participate in needs assessment and planning with the accredited provider (C2-10).**
- Incorporated into elements of evaluation (C11-12).**
- Other organizations part of solutions in achieving mission (C14-15).**
- Criterion 21. The provider participates within an institutional or system framework for quality improvement.*
- Evidence of the integration of, and contribution by, the CME provider to quality improvement initiatives.**
- Criterion 22. The provider is positioned to influence the scope and content of activities/educational interventions.*
- Evidence of provider's control of the development of CME activities from inception of idea to evaluation.**