**Indiana
State
Medical
Association**

ISMA's
Accreditation Process
for Initial Application and
Accreditated Providers

To assist the CME provider, the ISMA has developed materials to describe:

❶ The expectation that you engage in a self study for accreditation/reaccreditation

❷ The timeline for the initial accreditation process

❸ The outline and content of the self study report

❹ The submission requirements for these materials

Preparing to Conduct Your Self Study

❶

The Self Study process provides an opportunity for the accredited provider to:

- Assess its commitment to and role in providing continuing medical education
- Analyze its current practices
- Identify areas for improvement
- Determine its future direction
- Effectively present the results to the ISMA in the written Self Study Report

Conducting your Self Study requires time and effort from many constituents involved in your CME program. Appropriate leadership of the Self Study effort and broad involvement of administration, faculty, attendees and other stakeholders are important. Many providers find that they need four to six months to conduct a thorough self-analysis of their CME program.

Conducting Your Self Study

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, however, the Self Study is intended to address two major components of accreditation:

- **A record of your CME program's compliance** with the ISMA's Essential Areas and Elements, including the Standards for Commercial Support and Accreditation Policies. Your organization needs to describe its past and current performance and provide evidence to demonstrate the compliance with each of the Accreditation Requirements.

- **An outline of your program's plans for improvement.** Your organization's plans for improvement may relate to problems that were identified relating to compliance or factors in the CME environment. Improvement plans reflect the vision and values of your CME program and frame your program's process for identifying the need for and implementing change.

Reporting on the Self Study Findings

Reporting on the Self Study is the basis of the ISMA's accreditation process. All providers seeking ISMA accreditation are required to submit a Self Study Report for accreditation. The ISMA uses the Self Study Report in addition to other data, including Annual Reports and other interval monitoring data submitted by the provider throughout its current term of accreditation to evaluate the provider's ability to fulfill its educational mission effectively and comply with the ISMA's Essential Areas and Elements, including the Standards for Commercial Support and Accreditation Policies.

In this report, the provider describes and provides evidence to support current levels of compliance. The report provides an opportunity for the provider to articulate and demonstrate improvements made to and planned for the CME Program. ISMA provides specific instructions about the content and format of a Self Study Report.

Initial Reaccreditation Timeline

The timeline for an initial applicant to complete the accreditation process is dependent upon the dates that materials are submitted to the ISMA. Once a preapplication is approved by the ISMA, an organization has six months to submit a Self Study Report for initial accreditation. The ISMA's accreditation process requires a two-month window between the submission of a Self Study Report for initial accreditation and the date of the on-site survey. The ISMA's Commission on Medical Education meets two times each year (Spring and Autumn). Within three weeks of the meeting, at which the applicant would receive a decision, the ISMA will notify the provider of its findings.

Outline for the Self Study Report

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A Self Study Report should be organized in the sections listed below. Each section should be included behind a **tab** labeled with the title of the section. This outline should be used as the basis for the 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.   Element 1.1 – Mission Statement

III.   Element 1.2 – Parent Organization

IV.   Element 2.1 – Planning Process

V.   Element 2.2 – Needs Assessment

VI.   Element 2.3 – Purpose and Objectives

VII.   Element 2.4 – Activity Evaluation

VIII. Element 2.5 – Program Evaluation

IX.   Element 3.1 – Organizational Framework

X.   Element 3.2 – Business and Management Practices

XI.   Element 3.3 – Standards for Commercial Support (Standards to Ensure Independence in CME Activities)

XII.   Regularly Scheduled Conferences (RSCs)

XIII. ISMA Policies

XIV.   Program Summary (Self Assessment and Improvement Plans)

XV.   List of Activities

EXAMPLE TABLE OF CONTENTS

Contents of the Self Study Report
for ISMA Accreditation

I.   Introduction

A. Attach the "**Demographic Information Form"** (a copy is attached to the back of this packet.

B. Self Study Report Prologue

   1) Provide a brief history of your CME Program.

   2) Describe the leadership and structure of your CME Program.

   3) Describe the structure and process that your organization used to complete the Self Study.

   4) List the strengths of your CME Program.

   5) List the practices that your organization has identified as meeting the exemplary compliance criterion for specific Element(s) and a brief explanation to link the practice(s) to the specific exemplary compliance criterion.

II.   Element 1.1 - Mission

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

III. Element 1.2 - Parent Organization (if applicable)

A. Describe your organization's relationship to your parent organization.

B. Provide the evidence that best demonstrates compliance with Element 1.2 (review the decision making criteria for compliance language). Include any of the following that may be appropriate:

   1) Your parent organization's mission statement

   2) Support from your parent with respect to financial, facility or human resources

   3) Evidence that your organization's CME mission statement is reviewed and approved by the governing body of your parent organization on a regular basis

IV. Element 2.1 - Planning Process(es)

A. Describe your planning process(es) for **each type** of CME activity you provide, specifically addressing the link between identified educational needs and desired results.

B. **For one specific activity,** attach evidence of your planning process(es) and the steps that demonstrate how the identified educational needs were linked to desired results.

V. Element 2.2 - Needs Assessment

A. Describe how needs assessment data are used in planning your CME activities.

B. **For one specific activity,** attach evidence demonstrating use of needs assessment data in the planning of the CME activity.

VI. Element 2.3 - Purpose and Objectives

A. Describe how the purpose and/or objectives for your CME activities are made known to participants before participating in the activity.

B. **For one specific activity,** attach promotional material for the activity. Highlight the purpose/objectives and the appropriate accreditation statement.

VII. Element 2.4 - Activity Evaluation

A. Describe how your CME activities are evaluated in terms of meeting the identified educational need.

B. **For one specific activity**, attach an evaluation instrument and a summarized data set.

VIII. Element 2.5 - Program Evaluation

A. Describe how your organization evaluates the effectiveness of its **overall CME Program.** (Note: This is not the evaluation of your CME activity(ies).)

B. Attach evidence of the use of a mechanism(s) for evaluating the effectiveness of the **overall CME Program,** as well as evidence that improvements were made as a result of this process.

IX. Element 3.1 - Organizational Framework

A. Describe your organization's structure, process(es), and system(s).

B. Attach an organizational chart.

C. If your **CME Program** has annual audited financial statements, include a copy of statements:

    1) For the past year *(for initial accreditation)*; or

    2) Each year of the accreditation term *(for reaccreditation)*

D. If your **CME Program** does not have annual audited financial statements, attach an *income and expense statement** for your CME Program:

    1) For the past year *(for initial accreditation)*; or

    2) Each year of the accreditation term *(for reaccreditation)*

E. Attach an *income and expense statement** for a **specific CME activity**.

*Your *income and expense statement* must reflect:

Significant sources of income: Include income from commercial support, advertising and exhibit fees, tuition and registration fees, internal budget allocations, and any other source that represents $\geq$ 20% of total income.

Significant expenses: Include staff salaries, meeting costs, honoraria, faculty travel expenses, and any other item that represents $\geq$ 20% of your total expense.

X. Element 3.2 - Business and Management Practices

A. Attest (in a written statement) to your organization's compliance with its business/management policies.

B. Attach the **Table of Contents** from your organization's Human Resources and Financial Policies or Procedures Manual. *(This **is not** your CME department's policies.)* If your organization does not have a Policies or Procedures Manual, attach materials to demonstrate that the human resource, financial, and legal obligations and commitments are met (e.g., organization's bylaws, membership guidelines, etc.)

XI.   Element 3.3 - Standards for Commercial Support (Standards to Ensure Independence in CME Activities)

A. Describe how your organization's activity planning process ensures that planning decisions are made free of the control of a commercial interest.

B. Describe the mechanism(s) your organization uses to ensure that everyone in a position to control educational content has disclosed to your organization relevant financial relationships with commercial interests.

C. Describe the mechanism(s) you use to identify conflicts of interest prior to an activity.

D. Describe the mechanism(s) you use to resolve conflicts of interest prior to an activity.

E. Describe how you manage commercial support (funds and in-kind support), including your decision making process(es) to receive and disburse support.

F. Describe your process for payments of honoraria and reimbursement of expenses to planners, teachers, or authors.

G. Describe how you manage commercial promotion associated with each type of CME activity that you provide in fulfillment of the elements of SCS (if applicable).

H. Describe how enduring materials are distributed to learners (if applicable).

I. Describe and explain the mechanism(s) your organization uses to ensure that the content of CME activities promotes improvements or quality in healthcare.

J. Describe and explain the mechanism(s) your organization uses to ensure that the content of CME activities gives a balanced view of therapeutic options.

K. Describe your organization's process(es) and mechanism(s) for disclosure **to the learners** of relevant financial relationships and the source of support from commercial interests.

L. Attach an example of the mechanism(s) your organization uses to collect the disclosure information of relevant financial relationships of everyone in a position to control educational content.

M. Attach an example of a written agreement documenting terms, conditions, and purposes of commercial support that you have used, or would use, to fulfill relevant elements of SCS Standard 3.

N. Attach your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers and/or authors.

O. Attach examples that verify the disclosure of relevant financial relationships **to the learners**.

P. Attach examples of the disclosure of the source of support from commercial interests **to the learners**.

XII.   Regularly Scheduled Conferences (RSCs)[1] (If applicable)

If your organization produces Regularly Scheduled Conferences, complete this section.

A. Describe and verify the use of a system to monitor RSCs compliance with the ISMA's Elements and Policies, including the Standards for Commercial Support.

B. Describe and attach evidence of improvements made as a result of the monitoring system for RSCs.

C. Describe and attach evidence to verify the monitoring system ensures that appropriate written agreements are in place if commercial support funds are used.

D. Describe how your organization provides access and availability for physician learners to a mechanism to record their participation in the activity.

E. Attach aggregated or summary performance data and information on each of the ISMA's Elements collected by your monitoring system. (Note: While compliance with each Element must be demonstrated, data from different series may be used for each Element, e.g. surgery rounds data used for Element 2.1, tumor board data used for Element 2.2, internal medicine rounds data used for Element 2.3, etc.)

XIII.   ISMA Policies

A. Describe the mechanism your organization uses to **verify physician participation** in your CME activities.

B. Describe how your organization is in compliance with ISMA's **Definition of CME[2]**.

C. Describe how your organization is in compliance with ISMA's **content validity value statements[3]**.

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[1] Regularly Scheduled Conferences (RSCs) are defined as daily, weekly, monthly or quarterly CME activities that are primarily planned by and presented to the accredited organization's professional staff.

[2] Continuing medical education consists of educational activities that serves to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

[3] 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.

XIV. Program Summary (Self Assessment and Improvement Plans)

A. Describe your CME Program's **Areas for Improvements** and **Specific Plans for Addressing Improvements.**

B. Describe your CME Program's **Future Direction**.

XV. CME Activities

For initial accreditation:

A. Attach a complete "**Summary of CME Activities**" (a copy is attached to this packet.

B. Attach a **list of the CME activities** presented prior to applying for accreditation.

For reaccreditation

A. Attach a complete "**Summary of CME Activities**" (a copy is attached to this packet.

B. Attach a **list of all the CME activities** that the CME Program has presented during its current period of accreditation. (This should be a hard copy of the electronic list of CME activities that were submitted to the ISMA for the purpose of selecting activity files to review for evidence of compliance. Update the list to include activities from the current period of accreditation that have been completed since the original electronic submission to the ISMA.)

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Structure and Format Requirements for the Self Study Report

1. Provide required narrative and attachments for each item of the outline.

2. Type with at least 1" margins (top, bottom and sides), using **11 point type or larger**. The topics from the outline should be in bold and clearly separated from the type style (font) of your answers.

3. **Consecutively number** each page in the binder including the attachments. The name (or abbreviation) of your organization must appear with the page number on each page. *If the report is not numbered, it will not be accepted and will be returned to your organization.*

4. Include a **Table of Contents** listing the page numbers of each narrative and attachment of the Self Study Report.

5. Use the **tabs** that have been included for each section of the outline to assist with the organization of the report.

6. Include in its appropriate place in the Self Study Report the following completed forms:
   a) Demographic Information Form (include behind the tab "Introduction")
   b) Summary of Activities (include behind the tab "CME Activities")
   c) CME Activity List (include behind the tab "CME Activities")

7. Place the Self-Study Report and all the attachments in a **two-inch maximum** (ring diameter), three-ring binder or some other mechanism of binding, e.g., tape-binding. *If the report is larger than two inches it will **not be accepted** and will be returned to the provider.*

8. Submit **three** copies to ISMA. Be sure to keep a separate copy for your use during the survey.

Failure to adhere to the submission requirements will result in the return of your Self Study Report and delay in the accreditation process.

NOTE TO ORGANIZATIONS SEEKING REACCREDITATION: If your organization is unable to meet the Self Study Report submission deadline due to failure to adhere to submission requirements, the ISMA has the right to:

- *Require an administrative extension and payment of a $200 extension fee*

- *Change your organization's accreditation status*

The Self Study Reports should be shipped via a method that has a reliable delivery tracking system to:

Shelly Symmes
Indiana State Medical Association
322 Canal Walk
Indianapolis, IN 46202

Indiana
State
Medical
Association

Demographic Information Form

	Name of organization as it should appear on accreditation certificate:	
1		
2	☐ **Check if Reaccreditation applicant**	☐ **Check if Initial Applicant**

	Chief executive officer of organization:		
3	Name:		
4	Title:		
5	Address:		
6			
7			
8	Telephone number: ( ) -	9	Fax number: ( ) -
10	e-mail address:		

	Contact person for the CME unit:		
11	Name:		
	Signature:		
12	Date:		
13	Title:		
14	Address:		
15			
16			
17	Telephone number: ( ) -	18	Fax number: ( ) -
19	e-mail address:		

20	**Type of organization**	
	Please indicate what classification most accurately describes your organization by placing a check "√" next to the most appropriate item.	
	☐ Non-Profit (physician member organization)	☐ Non-Profit (other)
	☐ Hospital/Health Care Delivery System	☐ School of Medicine
	☐ Government/Military	☐ Insurance/Managed Care Company
	☐ Publishing/Education Company	☐ Other: (please specify)

	The CME Program	
21	☐ **does** receive commercial support	☐ **does not** receive commercial support
22	☐ **does** participate in Joint Partnership	☐ **does not** participate in Joint Partnership
23	☐ **does** produce Enduring Materials	☐ **does not** produce Enduring Materials
24	☐ **does** produce Internet CME	☐ **does not** produce Internet CME
25	☐ **does** present Regularly Scheduled Conferences	☐ **does not** present Regularly Scheduled Conferences

26	Current accreditation status				
	☐ Not accredited	☐ Accredited by ISMA			
		Current term of accreditation	☐ 2 years	☐ 4 years	☐ 6 years
		Accreditation status	☐ full	☐ provisional	☐ probation

Indiana State Medical Association

Summary of Continuing Medical Education Activities

The summarized data in this table should reflect the activities your program has presented, as defined below. **A copy of the summary and list of the CME activities** must be included in the Self Study Report behind the tab "CME Activities."

For **INITIAL** applicants this would include all activities presented prior to applying for accreditation.

For **REACCREDITATION** applicants this would include all activities presented during the current accreditation term.

Type of Activity		Number of							
		Activities		Hours of instruction		*Physician* participants		*Non-physician* participants	
		Jointly Sponsored	Directly Sponsored	Jointly Sponsored	Directly Sponsored	Jointly Sponsored	Directly Sponsored	Jointly Sponsored	Directly Sponsored
Live									
	Courses								
	Regularly scheduled								
	Internet								
Enduring Materials									
	Internet								
	Other								
Journal CME									
Subtotals									
Totals									

Definitions

Course:	A live activity, sometimes multiple-hour and sometimes multiple days, that is planned on a one-by-one basis and designated for credit as a single activity. (Examples: annual meeting, conference, seminar)
Regularly scheduled:	Daily, weekly, monthly or quarterly CME activities that are primarily planned by and presented to the accredited organization's professional staff and are designated for credit as one activity. Examples include weekly Grand Rounds of the Department of Pediatrics and Morbidity and Mortality Conferences. Count all sessions in a series together – as one activity, indicating the total hours for the entire series and the total number of registrants for all the sessions taken together. (Example: Internal Medicine Grand Rounds is one activity that meets weekly, made up of 52 hours of instruction; if 20 physicians participated in each session, total physician participants would be 1,040 for that activity.)
Internet:	Activities offered live or in an enduring materials format, via the internet.
Other:	Activities, other than internet, that are considered enduring materials. (Examples include audio, video, monographs)
Journal:	An activity that requires reading a journal article, a learner-directed phase, evaluation and documentation of completion of the activity to the provider.