



# Guide to the Pre-application Process for ISMA Accreditation

## Purpose of this Guide

This *Guide* is a tool to aid the applicant organization that is interested in seeking initial accreditation by the ISMA as a CME provider. It reviews the purposes of accreditation, the responsibilities of the ISMA and provides an overview of the accreditation process which describes the data sources and topics used by the ISMA to make a decision. In addition, the *Guide* includes the timeline and the resources needed to prepare for accreditation.

## Purposes of ISMA Accreditation

The major purposes of ISMA accreditation are to ensure quality and integrity of accredited providers by

- establishing criteria for evaluation of educational programs and their activities,
- assessing whether accredited organizations meet and maintain standards,
- promoting organizational self-assessment and improvement and
- recognizing excellence.

## Responsibilities of the ISMA

The primary responsibilities of the ISMA are to

- set and administer standards and criteria for providers of quality CME for physicians and related professionals,
- certify that accredited providers are capable of meeting the requirements of the Essential Areas,
- relate CME to medical care and the continuum of medical education,

- evaluate the effectiveness of its policies,
- assist providers in continually improving their programs and, thereby,
- assure physicians, the public and the CME community that CME Programs meet the ISMA's criteria for compliance with the Essential Areas.

## Overview of the Accreditation Process

**Eligibility:** Institutions and Organizations that have conducted and completed (through the evaluation process) at least one CME activity independently may apply for accreditation. The content of the completed activity must meet the ISMA's definition of continuing medical education. New applicants must have a plan in place for the evaluation and future improvements of the CME Program, if accredited.

The ISMA collects, reviews and analyzes data for three Essential Areas:

1. Purpose and Mission
2. Educational Planning and Evaluation
3. Administration

*Purpose and Mission* describe why the organization is providing CME. *Educational Planning and Evaluation* explain how the organization provides CME activities and how well the organization is accomplishing its purpose and providing CME activities. *Administration* defines what organizational resources are provided and the protocol used by the CME unit.

Within each Essential Area are required Elements for which measurement Criteria have been established. The Elements are descriptors of performance in the Essential Area. The Criteria describe the levels of performance and accomplishment for each Element.

**Phases:** The accreditation process involves four phases: data collection, data review and analysis, decision and feedback to the applicant organization. The following sections review the phases in more detail.

**Data Collection:** The ISMA will use the following data sources to make a determination about accreditation of the CME applicant organization:

- Pre-application (data collected about your organization to determine if it might be eligible for accreditation)
- Application for Initial Accreditation (to be completed subsequent to the pre-application)
- On Site Survey (A visit to your organization to review, clarify and document your practice.) The on site survey involves the following:
  - Organizational Review (Your organization and personnel in it)
  - Documentation Review (Documentation of compliance for actual activities)
- Activity Review (Observation of an Activity)  
This may occur during the On-Site Survey, or separately.

**An initial applicant must complete at least one activity before an ISMA accreditation decision will be rendered. An activity is considered completed once the provider has had the opportunity to review and analyze evaluation data. Prior to receiving full accreditation, ISMA must have an opportunity to review a CME activity directly.**

**Survey Procedures:** A survey will be scheduled to discuss your CME Program with appropriate organization representatives. The ISMA will review records, policies, procedures, and a sampling of your documentation and observe a CME activity. The team will be made up of two surveyors, CME professionals trained and

updated in procedures and policies of the ISMA. The surveyors will summarize their findings in a report to the ISMA Commission on Medical Education.

**Data Review and Analysis, Decision-Making and Feedback:** The completed application, along with the surveyors' report, will be reviewed by the ISMA Commission on Medical Education. The Commission will make a final decision on accreditation status. The accreditation decision will be reported to you within two weeks of the decision by the ISMA and will include specific information on the strengths and weaknesses of your CME.

## Resources for Completing the Pre-application for ISMA Accreditation

The ISMA makes available the following resources to assist you through the Pre-application process:

1. Pre-application Package
  - Guide to the Pre-application
  - Instructions for Completing a Pre-application for ISMA Accreditation
  - Pre-application for ISMA Accreditation
2. Resources
  - Essential Areas, Elements and Criteria
  - Glossary
  - Appendix

The ISMA staff is available to answer questions about accreditation, the application and the process. Staff may be reached by email at [dmartens@ismanet.org](mailto:dmartens@ismanet.org).

## TIME LINE for INITIAL ISMA ACCREDITATION

Cumulative (months)	Maximum Time to Completion (Months)	Function
0	6	Pre-application package sent to potential applicant
7	1	Pre-application submitted by applying organization to ISMA. ISMA decision on Pre-application forwarded to applicant along with an <i>Application for Initial ISMA Accreditation</i> , if eligible.
13	6	Initial Application returned to the ISMA within six months along with payment and preferences for survey dates.
16	3	Initial Application reviewed by staff and an On-Site Survey is scheduled. On-Site Survey conducted and applicant scheduled for appropriate ISMA CME meeting.
19	3	ISMA integrates and reviews all data collected.
20	1	ISMA provides a decision. Provider notified of accreditation status.

NOTE: This timeline is the maximum time for the completion of an initial application. The actual time is dependent on the applying organization and the timing of the ISMA Commission on Medical Education meetings.



# Instructions for Completing a Pre-application for ISMA Accreditation

## Purpose of the Pre-application

The purpose of the Pre-application is to gather information about the mission, philosophy, practices, and educational resources of your organization as a CME provider in the context of the ISMA's Essential Areas, Elements, and Policies. The Pre-application will be used as a screening to determine whether or not your organization is ready to take the next step in becoming an accredited provider.

## Content of the Pre-application

The content of this Pre-application will be held in confidence by the ISMA and its representatives. Data for statistical and/or research purposes may be collected from responses to certain questions. It will not be released or published in any form in which specific responses could be identified with your organization.

Instructions about attachments of Required Documentation are integrated in the appropriate sections through out the Pre-application.

## Selected Glossary of Terms

These are selected terms and definitions used consistently throughout this Pre-application:

- *CME Activity* - A single educational offering, e.g., course, annual meeting, regularly scheduled conference,

etc., that is planned and implemented in compliance with the ISMA Essential Area Elements and Policies.

- *CME Committee* –The committee that your CME unit may choose to establish. The committee's responsibilities may include the planning, implementing, and evaluating of your CME activities and program.
- *CME Program* - All of the educational activities designated for credit that are presented by your CME unit.
- *CME Unit* – The administrative unit of your organization that is designated to provide continuing medical education activities for physicians.
- *Session(s)* – A presentation or multiple presentations that make up an activity. An annual meeting may be made up of multiple sessions.

For explanations and other definitions, please refer to the ISMA Glossary.

## Instructions to Complete the Pre-application

The Pre-application must be typed with at least 1" margins (top, bottom and sides), using 11 point type or larger. If it is necessary to retype a page of the Pre-application or to add a page, please retain the format. If the Pre-application is reproduced on a computer, insert the questions and directions in bold clearly separated from the type style (font) of your answers. The completed Pre-application should be submitted with the attachments in a folder or small three-ring binder. Do not use individual plastic page covers except to hold odd-sized brochures.

The Pre-application should be mailed to:

***Indiana State Medical Association  
322 Canal Walk  
Indianapolis, IN 46202-3268  
ATTN: Dotty Martens, CME Coordinator***

## **Pre-application Fee**

The Pre-application fee is \$100.00. A check made out to the ISMA should be sent with the Pre-application materials. Pre-applications will not be reviewed without full payment of the fee.



## Pre-application for ISMA Accreditation Organizational Information

	<b>Name of Pre-applicant organization:</b>
1	
2	<b>ISMA ID Number: To be assigned upon submission of Pre-application</b>
	<b>Chief executive officer of Pre-applicant organization:</b>
3	Name:
4	Title:
5	Address:
6	
7	
8	Telephone number: (    ) -
9	Fax number: (    ) -
10	e-mail address:
	<b>Individual responsible for CME unit by position description and for the material contained within this Pre-application:</b>
11	Name:
	Signature:
12	Date:
13	Title:
14	Address:
15	
16	
17	Telephone number: (    ) -
18	Fax number: (    ) -
19	e-mail address:
	Contact person for Pre-application:
	Check here (    ) if the contact person is the same as individual responsible for CME unit.
20	Name:
21	Title:
22	Address:
23	
24	
25	Telephone number: (    ) -
26	Fax number: (    ) -
27	e-mail address:

28	<b>Type of organization</b>			
	Please indicate what classification most accurately describes your organization by placing a check "✓" next to the most appropriate item. If appropriate, add number of physician members.			
	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Medical Education Foundation
	<input type="checkbox"/>	Physician Specialty Society	<input type="checkbox"/>	Medical Center
	<input type="checkbox"/>	County Medical Society	<input type="checkbox"/>	Education Company
	<input type="checkbox"/>		<input type="checkbox"/>	Other (please specify)
	<input type="checkbox"/>		<input type="checkbox"/>	

	<b>The CME program of the Pre-applicant organization (One check per line)</b>			
29	<input type="checkbox"/>	does receive commercial support	<input type="checkbox"/>	<u>Does not</u> receive commercial support
30	<input type="checkbox"/>	does participate in Joint Partnership	<input type="checkbox"/>	<u>Does not</u> participate in Joint Partnership
31	<input type="checkbox"/>	does produce Enduring Material	<input type="checkbox"/>	<u>Does not</u> produce Enduring Material

# Summary of Continuing Medical Education Activities

The summarized data in this table should reflect the listing of the activities requested in the box below. This summary and the attached listing should include activities from the following time period depending upon your status:

**Initial applicants** – Any CME activities you consider part of your CME program during the last 24 months, including those in which you acted as the non-accredited provider in a directly sponsored or jointly sponsored activity.

Type of activity		Number of							
		Activities		Hours of instruction		physician participants		non-physician participants	
		Directly Sponsored	Jointly Sponsored	Directly Sponsored	Jointly Sponsored	Directly Sponsored	Jointly Sponsored	Directly Sponsored	Jointly Sponsored
<b>Live</b>									
32-39	Courses								
40-47	Regularly scheduled								
<b>Enduring Materials</b>									
48-55	Other								
<b>Subtotals</b>									
<b>Totals</b>									

## Definitions

Course:	Planned on a one by one basis and designated for credit as a single activity. (Example: annual meeting)
Regularly scheduled	Regularly recurring series typically offered in one-hour sessions and designated for credit as a series. (Count all sessions for the reporting period – usually annually - <u>as one activity</u> , with the total hours for the entire series and every attendee as frequently as they attend). Example: Grand Rounds is one activity which meets weekly for one hour(52 hours) to which 20 physicians attend. Count every attendee for each session for the total number of participants. If 20 physicians attended every session there would be a total of 1040 physician participants for that one activity. Use the same system for non-physicians).
Other	Activities other than internet that are considered enduring materials. (Examples include audio, video, slide sets, print pieces)

Please insert after this page, a list of all the CME activities (Date, Title and Location, hours of instruction, and participants – physician and non-physician) you consider part of your program of CME, including those in which you acted as the non-accredited provider in a directly or jointly sponsored activity.



## Program Information

56	CME Program Summary
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Please provide a brief narrative summary of your program, addressing the issues identified below. The responses to these issues will be a frame of reference for your organization's values and vision, which will form the basis for an accurate understanding of your CME Program over the years of its operation as a provider of CME activities. Your summary must not exceed this page plus three (3) additional pages.

- a. Describe the vision for the CME Program. What are the expectations that you have for your CME Program over the next three years?
- b. How does your CME mission compliment the mission of the applicant organization?
- c. Have there been any major changes in your CME program in the last year? For example, have there been changes in leadership, staff, funding, size, or direction?
- d. What are the strengths of your CME program?
- e. What are the challenges facing your CME program?

# ESSENTIAL AREA 1: PURPOSE AND MISSION

**Element 1.1 reads: The provider must have a written statement of its CME mission, which includes the CME purpose, content areas, target audience, type of activities provided and expected results of the program.**

Regarding Element 1.1

1. When was the CME mission statement last reviewed? Month\_\_\_\_\_Day\_\_\_\_\_Year\_\_\_\_\_
2. Identify the name of the body/committee within the applicant organization that has the responsibility for approving the mission statement of the CME program.

Please insert after this page, a copy of your most recently approved mission statement. Indicate ***on the copy*** of your CME mission statement where you:

- Describe the purposes of the overall CME program
- Indicate the content areas of the CME effort
- Outline the target audience
- Describe the general types of activities and services provided
- State the expected results of the program

**Element 1.2 reads: The provider must demonstrate how the CME mission is congruent with and supported by the mission of the parent organization, if a parent organization exists.**

Regarding Element 1.2

1. Does the CME provider have a parent organization? If no, move to next section. If yes, identify them by name and complete the following question.
2. Describe the relationship of the CME Program to the parent organization. Explain how the CME mission is congruent with and supported by the parent organization.

# ESSENTIAL AREA 2: EDUCATIONAL PLANNING AND EVALUATION

**Element 2.1 reads: The provider must use a planning process(es) that links identified educational needs with a desired result in its provision of all sponsored activities.**

Regarding Element 2.1

1. Describe the activity planning process(es) used in your CME program.
2. Include information describing the people involved and how they function as part of the planning process.

Please insert after this page, **an example of a planning process used to develop a CME activity.**

**Element 2.2 reads: The provider must use needs assessment data to plan CME activities.**

Regarding Element 2.2

1. Describe how needs assessment data are acquired.
2. Explain how the needs assessment data are used to plan CME activities.

Please insert after this page, **an example of a needs assessment tool used along with the needs identified from the assessment.**

**Element 2.3 reads: The provider must communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.**

Regarding Element 2.3

Describe your mechanism for communicating the purpose or objectives for each CME activity to the prospective learner.

Please insert after this page, **an example of the method you use to communicate the purpose and/or objectives to the learner.**

**Element 2.4 reads: The provider must evaluate the effectiveness of its CME activities in meeting identified educational needs.**

Regarding Element 2.4

1. Describe the evaluation process(es) that you use for your CME activities. When choosing evaluation method(s) for your activities, how do you ensure that the method(s) is/are appropriate and consistent in scope (i.e., complexity with the educational activity)?
2. Explain how the evaluation results are used.
3. Describe how your evaluation process(es) measure(s) effectiveness in meeting educational needs as measured by learner satisfaction, acquired knowledge or skills.

Please insert after this page, a copy of **one example of an evaluation instrument and summarized data set** used for a CME activity.

**Element 2.5 reads: The provider must evaluate the effectiveness of its overall CME Program and make improvements to the program.**

Regarding Element 2.5

Describe the process used by the CME Program to evaluate its effectiveness in meeting its mission. Were all the elements of the mission addressed in the evaluation? How frequently does this evaluation occur?

Submit an Executive Summary of your CME Program Evaluation and a plan for improvement as a result of your recent program evaluation.

NOTE: The evaluation of the overall CME program indicates the extent to which the organization is fulfilling its mission. The fact that you have evaluated each individual CME activity *does not mean* that you have evaluated the overall CME program.

## ESSENTIAL AREA 3: ADMINISTRATION

**Element 3.1 reads: The provider must have an organizational framework for the CME unit that provides the necessary resources to support its mission including support by the parent organization, if a parent exists.**

Regarding Element 3.1

1. Explain and illustrate the organizational structure and relationships for the CME Program.
2. Describe the resources available to the CME Program. Explain the type of support that is provided for the CME Program including support from the parent organization, if one exists.

Please insert after this page, **a copy of an organizational chart that depicts the internal structure of your CME unit** (including names, titles and responsibilities), the relationship of the CME unit to other operating units within the pre-applicant organization, **and its relationship to the governing body.**

**Element 3.2 reads: The provider must operate the business and management policies and procedures of its CME program (as it relates to human resources, financial affairs and legal obligations), so that its obligations and commitments are met.**

Regarding Element 3.2

1. Does the organization have business and management policies and procedures in place for human resources management, financial affairs and legal obligations? Examples would include policies for the American Disabilities Act and Equal Opportunity Employment citations etc.?
2. Are there policies related to the management of personnel employed in the Program?
3. Are there fiscal requirements such as maintaining a balanced budget, requiring an annual audit?
4. Describe the practices used by the Program to fulfill commitments and obligations identified by the policies and procedures described above.

If applicable, please insert after this page, a copy of the table of contents of your Policy and Procedure Manual for human resources, financial and legal affairs.

Submit the most recent annual budget and annual income and expense report for the Program. Include the sources of revenues as part of the submission.

**Element 3.3 reads: The provider must present CME activities in compliance with ISMA's policies for disclosure and commercial support.**

Regarding Element 3.3

1. Describe the practices you have in place that assist you in ensuring that the quality and scientific integrity of all activities is maintained.
2. Explain your practice concerning identifying products, reporting industry-based scientific research and discussing unlabeled uses of products.
3. Describe your method(s) of disclosure of faculty-relationships to the learner.
4. How have you chosen to document that disclosure has, in fact, occurred?

**Check here ☐ if you DO NOT accept commercial support**  
**If you do, please complete the following questions.**

5. Describe the methods you use to manage the budget and funds for an educational activity that receives commercial support. Include description of letter of agreement and acknowledgment.
6. Explain how you oversee commercial activities during educational events?
7. Describe how you maintain financial support for participants in educational activities.

8. Describe how you prevent commercially supported social events from competing with/taking precedence over educational activities.

Please insert after this page, the following:

- A copy of your disclosure policy,
- An example of how disclosure is documented, and
- An example of acknowledgment of commercial support at an activity.