



# STANDARDS FOR COMMERCIAL SUPPORT:

## Changes Have Been Adopted

**- A Spring 2021 Update -**

*A NEW NAME* ..... *now called:*

# **Standards for Integrity and Independence in Accredited Continuing Education**

**First adopted in 1992 and last updated in 2004 (17 years ago)**

# Intent

- Since the standards were last revised in 2004, the health care ecosystem has changed considerably, creating new challenges for protecting CME from industry bias.
- The revisions made are intended to **streamline, clarify and modernize** the Standards and ensure that the accredited CME system delivers on its promise to facilitate quality and unbiased education to the profession in a changing health care environment.

# Trust is Core to the Value of Accredited CME

Additionally, because health care professionals serve as the legally mandated prescribers of medications, are responsible for the use of many devices, and are trusted authorities when advising patients, educators must protect the learning environment from industry influence to ensure the profession remains true to its ethical commitments.

Excerpt from JAMA article by Graham McMahon, ACCME President;  
*JAMA*. April 15, 2021; 325(18):1833-1834  
<https://jamanetwork.com/journals/jama/article-abstract/2778925>



**Accreditation Council™**  
for Continuing Medical Education

*learn well*

**Standards for Integrity and  
Independence in Accredited  
Continuing Education**

Released December 2020

**Information Package**

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**ACCME has published a  
downloadable  
*Information Package*  
containing an introduction  
to the new Standards,  
a transition timeline, the  
Standards at a Glance  
noting changes, and full text  
of the Standards**

The following link can be used to  
access this information.

<https://accme.org/standards-resources>



**Let's go to that link and  
Listen to a Brief Introductory Video by  
Graham McMahon, ACCME President**



<https://accme.org/standards-resources>

# Changes in Structure



## Standards for Integrity and Independence in Accredited Continuing Education

The health professions are not only defined by expertise, but also by a dedication to put service of others above self-interest. When individuals enter the healthcare professions, they commit to upholding professional and ethical standards including acting in a patient's best interests, protecting the patient from harm, respecting the patient, fostering informed choices, and promoting equity in healthcare.

While the interests of healthcare and business sometimes diverge, both are legitimate, and collaboration between healthcare professionals and industry can advance patient care. Since healthcare professionals serve as the legally mandated gatekeepers of medications and devices, and trusted authorities when advising patients, they must protect their learning environment from industry influence to ensure they remain true to their ethical commitments.

As the stewards of the learning environment for healthcare professionals, the accredited continuing education community plays a critical role in navigating the complex interface between industry and the health professions. Organizations accredited to provide continuing education, known as accredited providers, are responsible for ensuring that healthcare professionals have access to learning and skill development activities that are trustworthy and are based on best practices and high-quality evidence. These activities must serve the needs of patients and not the interests of industry.

This independence is the cornerstone of accredited continuing education. Accredited continuing education must provide healthcare professionals, as individuals and teams, with a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.

The Accreditation Council for Continuing Medical Education (ACCME®) acts as the steward of the Standards for Integrity and Independence in Accredited Continuing Education, which have been drafted to be applicable to accredited continuing education across the health professions. The Standards are designed to:

- Ensure that accredited continuing education serves the needs of patients and the public.
- Present learners with only accurate, balanced, scientifically justified recommendations.
- Assure healthcare professionals and teams that they can trust accredited continuing education to help them deliver safe, effective, cost-effective, compassionate care that is based on best practice and evidence.
- Create a clear, unbridgeable separation between accredited continuing education and marketing and sales.

## New overview (Preamble) explaining principles and purpose of the Standards





# Changes in Structure (con't)

- **Re-organization** of Standards based on applicability (those applicable to all CME listed 1<sup>st</sup>, followed by standards applicable to programs that are commercially supported)
- **Policies & definitions** integrated into the Standards themselves (requirements all in one place now)
- **Brief introductions** to each Standard



# Changes in Terminology

- **Eligible/Ineligible Companies** replaces term *Commercial Interest*
- **Mitigate** replaces term *Resolve*, in vetting relevant financial relationships
- **Accredited Continuing Education** replaces term *Continuing Medical Education* to be inclusive of all health professions

# With the new term *Accredited Continuing Education*, will we refer to this as ACE or CE in lieu of CME?

Per ACCME.....

This term is really for reference within the Standards, which are used by many accreditors.

- (ACCME) Accreditation Council for Continuing Medical Education
- (ACPE) Accreditation Council for Pharmacy Education
- (AAFP) American Academy of Family Physicians
- (ANCC) American Nurses Credentialing Center
- (COPE) Council on Optometric Practitioner Education
- (JAICE) Joint Accreditation for Interprofessional Continuing Education

No changes have been made to the Accreditation Statement or the Accreditation Statement Policy. The ACCME has chosen to use the term accredited continuing education in the new Standards to be inclusive of all health professions.

**There is no expectation that providers will change their terminology. You may continue to use the terms "continuing medical education" or "CME" as appropriate. Providers should feel free to use any of the acronyms, depending on their mission and the target audience they are reaching.**

# Let's take a much closer look at the changes to the Standards



# Providers can **IMMEDIATELY** stop complying with requirements that have been removed

This includes the following:

- Individuals no longer need to disclose the financial relationships of their **spouse or partner**
- A formal written **policy on Honoraria & Expense Reimbursement** is no longer required, though providers still want to have a process in place.
- Providers no longer need to identify, mitigate or disclose relevant financial relationships for CME activities that are **non-clinical** in nature (i.e., leadership development, physician burnout, financial wellness for physicians, etc.)

# Eligibility Section

- **Updated definitions** of organizations that are eligible and ineligible for accreditation
- **Updated lists** of type of organizations that are eligible and ineligible
- **Clarification** about how corporate structure affects eligibility (parent/subsidiary companies)

# Eligible Organizations

## Types of Organizations That May Be Accredited in the ACCME System

Organizations eligible to be accredited in the ACCME System (*eligible organizations*) are those whose mission and function are: (1) providing clinical services directly to patients; or (2) the education of healthcare professionals; or (3) serving as fiduciary to patients, the public, or population health; and other organizations that are not otherwise ineligible. Examples of such organizations include:

- Ambulatory procedure centers
- Blood banks
- Diagnostic labs that do not sell proprietary products
- Electronic health records companies
- Government or military agencies
- Group medical practices
- Health law firms
- Health profession membership organizations
- Hospitals or healthcare delivery systems
- Infusion centers
- Insurance or managed care companies
- Nursing homes
- Pharmacies that do not manufacture  proprietary compounds
- Publishing or education companies
- Rehabilitation centers
- Schools of medicine or health science universities
- Software or game developers



As the workplace of the pharmacist

# Ineligible Companies

(formerly known as Commercial Interests)

## Types of Organizations That *Cannot* Be Accredited in the ACCME System

Companies that are ineligible to be accredited in the ACCME System (*ineligible companies*) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of such organizations include:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

### Previous definition of a Commercial Interest:

Any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients.



# Owners and Employees of Ineligible Companies

- Owners and employees of ineligible companies **are still** considered to have unresolvable financial relationships and must be excluded from participating as planners or faculty.
- Ineligible companies **are still** prohibited from engaging in Joint Providership with accredited providers.
- Subsidiaries of an ineligible company cannot be accredited regardless of steps taken to firewall the subsidiaries.

# Standard 1: Ensure Content is Valid

**Applies to all accredited CE**

- **Incorporates/Replaces** the current CME Clinical Content Validation Policy.
- **Clarifies** that education is an appropriate place to discuss, debate and explore **new and evolving topics**, but these areas need to be clearly identified as such within the program and individual presentations.

Providers must facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence and clinical reasoning. (i.e., CBD or legalized marijuana)

# Standard 2: Prevent Commercial Bias and Marketing in Accredited CE

**Applies to all accredited CE**

- **Updates and simplifies** the guidance for independence.
- **New:** Prohibits faculty from promoting or selling products or services that serve their professional or financial interests during accredited education (i.e., book promotion; referral of patients).
  - A faculty member can reference a book they've written, but no overt promotion
  - Book sales would be allowed outside of the educational space; provider may also raffle off a book
- **New:** Accredited providers must receive explicit consent from learners before sharing their names or contact information with ineligible companies or their agents.
  - Accredited provider is expected to explain to learners that you intend to share their information with an ineligible company. You can do that at registration; however, the learner must have the ability to opt out and still register for your activity.

# Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships

**Applies to all accredited CE**

**Simplified** guidance on identifying, mitigating, and disclosing relevant financial relationships, while at the same time adding more rigor to the process.

## COLLECTION

- **New:** Accredited providers must collect disclosure information from those in control of content about ALL of their financial relationships with ineligible companies. **It is the accredited provider's responsibility to determine which relationships are relevant.**
  - Individuals (planners and speakers) must disclose regardless of their view of the relevance of the relationship to education.
  - Financial relationships are relevant if the educational content an individual can control is related to the **business lines or products** of the ineligible company.
  - Example: If faculty advise they will not be discussing a company's products, but they will be talking about a therapeutic area of interest for said company, providers must still disclose the relationships – they are considered relevant.

# Standard 3 (Cont'd): Identify, Mitigate, and Disclose Relevant Financial Relationships

## COLLECTION

- **New:** Individuals must disclose relationships with ineligible companies within the prior **24** months (changed from the current requirement of 12 months).
    - You can choose whether to collect disclosure information when planning each activity or on a periodic basis, such as annually. If you choose to collect the information periodically, it is important to ask the person to update the disclosure if anything changes.
    - You will not be changing the frequency of disclosure collection, but rather the “look-back” period.
      - A disclosure form is one mechanism that providers might use.
- Other examples could include:
- Collecting the information verbally and recording it in a spreadsheet, table, or database
  - Collecting disclosure information electronically (i.e, via e-mail, web-based form, or database)

# Standard 3 (Cont'd): Identify, Mitigate, and Disclose Relevant Financial Relationships

## COLLECTION

- **Removed:** Individuals no longer need to disclose the financial relationships of their spouse or partner.
- **Clarifies** that research grants from ineligible companies are financial relationships that should be disclosed, even if the funds go to the researcher's institution and not to the individual researcher.
- **Clarifies** that owners or employees of ineligible companies must be excluded from controlling content. (Includes the 3 exceptions to this exclusion, which should only be allowed cautiously.
  - 1) When the content of the activity is not related to the business lines or products of their employer/company.
  - 2) When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
  - 3) When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.

# Standard 3 (Cont'd): Identify, Mitigate, and Disclose Relevant Financial Relationships

## MITIGATION

- **New:** Accredited providers do not need to identify, mitigate, or disclose relevant financial relationships for education that is **non-clinical in nature**, or where the learner group is in control of content, such as **spontaneous case conversations among peers**.
  - Regularly scheduled series, case conferences, or tumor boards are not considered “spontaneous case conversations among peers.” The exception does not apply to conferences or rounds that have set times and dates and have traditionally been planned as accredited CME.
  - The exception is meant to apply to **spontaneous learning opportunities** that previously might not have been considered CME, like **team huddles and impromptu leadership discussions**. In these cases, with the guidance of the CME Department, learners can describe the learning opportunity (problem-in-practice and change that resulted) by using the **new Quick Tool**, which provides a good framework for spontaneous learning opportunities.





<b>What is your name and email?</b>	Name: Email:
<b>When will the education take place?</b>	Date:
<b>Do you have a title or brief description for the education?</b> If yes, please note it to the right; if no, leave blank.  Examples: Emergency Department team huddle; Leadership in a time of crisis; Well-being check-in	Title/Brief Description:
<b>What practice-based problem (gap) will this education address?</b>  Examples: Improve care coordination; Better communication with patients and families; Want to give better feedback to students	Practice-based problem (gap):
<b>What is/are the reason(s) for the gap?</b> <b>How are your learners involved?</b>  Examples: We need strategies to discuss difficult topics with family members; Don't know best ways to improve team collaboration	Reason(s) for the gap:
<b>Review the three statements to the right.</b>  If you can check <u>any</u> of these boxes, you do not need to identify, mitigate, and disclose relevant financial relationships.  If you unable to check any boxes, please contact your CE program administrator to implement processes for ensuring the integrity and independence of this education.	The education will... (check all that apply)  <input type="checkbox"/> only address a non-clinical topic (e.g., leadership or communication skills training).  <input type="checkbox"/> be for a learner group that is in control of the content (e.g., spontaneous case conversation among peers).  <input type="checkbox"/> be a self-directed educational activity where the learner will control their educational goals and report on changes that resulted (e.g., learning from teaching, remediation, or a personal development plan).
<b>What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish?</b>  Examples: Eliminate stigmatizing language from communications with patients; Improve my management skills	Desired change(s) in strategy, performance, or patient care:
<b>In order to award CME/CE credit, please indicate the duration of the education.</b>	Education duration: _____ hours and _____ minutes <i>Please report time in 15-minute increments.</i>
<b>Discuss with learners the changes they intend to make to their strategies, performance, or patient care that will result from this activity and list that information to the right.</b>  Example: I will use the evidence-based checklist we discussed to improve screening my patients for past military service.	Changes learners intend to make to strategies, performance, or patient care:
<b>After the activity, please collect attendance and learner change information for the activity and send it to the continuing education department in order for credit to be awarded. You can also list the attendees on the back of this form.</b>	



**Note for Continuing Education Staff**

This completed form provides the necessary information to demonstrate the professional practice gap and underlying needs, expected results, appropriate format, changes in learners, independence, and administrative information needed to award credit to learners. Please enter this activity in ACCME PARS following your usual process, and provide to learners your accreditation statement, the credit designation statement, and any applicable MOC statements. If you have awarded MOC credit, please report learners in PARS within 30 days of the education. For questions or assistance, contact ACCME at [info@accme.org](mailto:info@accme.org).

# Quick Tool – Part of the ACCME’s new Toolbox

This completed form provides the necessary information to demonstrate the professional practice gap and underlying needs, expected results, appropriate format, changes in learners, independence, and administrative information needed to award credit to learners.



# Standard 3 (Cont'd): Identify, Mitigate, and Disclose Relevant Financial Relationships

## MITIGATION – Point of Clarification

- For a journal-based CME activity, providers **do not** need to identify, mitigate and disclose to learners the relevant financial relationships for the authors and editors of the article.
  - ACCME advises that process is handled by the journal editors. Disclosure by authors is a standard component of published articles, and the editorial review process manages that mitigation.
  - The accredited provider **does**, however, need to identify, mitigate, and disclose relevant financial relationships for those involved in planning the journal-based CME activity (i.e., the person(s) choosing the article(s) and/or writing the evaluation mechanism.)

# Standard 3 (Cont'd): Identify, Mitigate, and Disclose Relevant Financial Relationships

## MITIGATION

- **Reminder:** It is important to mitigate relationships prior to the individuals assuming their roles and take steps appropriate to that role (steps vary between planners and speakers).
  - Planners and other content experts can help determine relevance of relationships, if necessary.
  - Keep in mind that simply monitoring the CME content for commercial bias at the time of presentation is not an acceptable mitigation mechanism. (When providers identify relevant relationships, they must direct authors/teachers to take actions to assist in the mitigation.)
- **Clarifies** that providers should document the steps taken to mitigate relevant financial relationships.
  - A COI mitigation (resolution) form is one mechanism that providers might use.

Other examples could include:

  - Recording the steps you took in a spreadsheet, table, or database.
  - Saving your conversation and steps you took in an email to planners or faculty



# COI Mitigation (Resolution) Form



CONTINUING MEDICAL EDUCATION

**FOR CME OFFICE USE ONLY**



**MITIGATION OF CONFLICTS OF INTEREST**

<b>Step 1</b>	<b>Owners/Employees of Ineligible Company (IC)</b>
<input type="checkbox"/>	Not an employee/owner of IC (go to Step 2)
<input type="checkbox"/>	Planning Committee employee/owner of IC (choose from below):
<input type="checkbox"/>	No planning has occurred – individual is fully recused from committee
<input type="checkbox"/>	Planning has occurred – activity will not be accredited
<input type="checkbox"/>	Faculty/speaker employee/owner of IC (choose from below):
<input type="checkbox"/>	Faculty/speaker is not allowed to present
<input type="checkbox"/>	Activity will not be accredited
<b>Step 2</b>	<b>Conflict of Interest (COI)</b>
<input type="checkbox"/>	No relevant financial relationship (no COI)
<input type="checkbox"/>	Potential COI – presenter (choose from below):
<input type="checkbox"/>	Presentation materials reviewed to ensure fair balance, scientific objectivity and no commercial bias
<input type="checkbox"/>	Presenter will refrain from making recommendations on topics of COI
<input type="checkbox"/>	All recommendations for patient care are based on peer review data
<input type="checkbox"/>	Discontinue contracted services that create financial relationship – must disclose such relationship to audience for <b>24 months</b>
<input type="checkbox"/>	Individual excluded from content creation and delivery; was replaced with another presenter
<input type="checkbox"/>	Activity will not be accredited
<input type="checkbox"/>	Potential COI - planner
<input type="checkbox"/>	Planner recused from planning content relevant to reported COI
<input type="checkbox"/>	Another non-conflicted planner will participate in planning to ensure fair balance; non-conflicted planner will review proposed content to ensure it is free from potential bias; non-conflicted planner will oversee selection of faculty

Reviewed/Signed by: \_\_\_\_\_ Date: \_\_\_\_\_ Updated: Jan 2021



# Standard 3 (Cont'd): Identify, Mitigate, and Disclose Relevant Financial Relationships

## DISCLOSURE

- **New:** When disclosing relevant financial relationships to learners, accredited providers must include a statement that “**all relevant financial relationships have been mitigated.**”
- **Reminder:** Accredited providers must also still disclose the absence of relevant financial relationships when there are none.

Learners must receive disclosure information, in a format that can be verified at the time of reaccreditation, before engaging with the accredited education.

# Standard 4: Manage Commercial Support Appropriately

**Applies only to accredited CE that receives financial or in-kind support**

- **Simplified** guidance about decision-making and disbursement, agreements, accountability, and disclosure to learners.
- **Clarifies** that an accredited provider can sign onto an existing commercial support agreement between an accredited provider and a commercial supporter, by indicating its acceptance of the terms, conditions, and amount of commercial support it will receive.
  - **Reminder:** The accredited provider must disclose to the learners the name(s) of the ineligible company(ies) that gave commercial support.
  - It is best practice to disclose/acknowledge non-commercial support as well, but not mandated.
  - **Reminder:** A formal written policy on Honoraria & Expense Reimbursement is no longer required.

## NOTE:

- **ACCME removed the proposed requirement** prohibiting joint providers from paying or reimbursing expenses to individuals such as faculty.



## Standard 5: Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education

**Applies only when there is marketing by ineligible companies or non-accredited education associated with the accredited CE**

- **Simplified**, updated guidance about the separation of accredited and non-accredited education
- **Clarifies** that learners must be able to easily distinguish between accredited education and other activities, such as non-accredited CE and marketing by ineligible companies.

## Standard 5 (Con't): Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education

- **New:** Defined how much time (30-minute interval) must separate accredited activities from non-accredited activities if they are held in the same educational space.
  - What is the definition of educational space? .... Where the learner is engaging with content, material and faculty.
  - You do not need to wait 30 minutes after an accredited CE session before opening exhibits in another room. The key with this window of time is 'within the same educational space.'
  - Marketing and non-accredited education **can take place at the same time as accredited education as long as it is in a different room and is clearly communicated to learners.**
  - There does not need to be a 30-minute interval between accredited education and sessions that fit the exceptions listed in Standard 3 (ie, legislative briefing or awards ceremony).

## Standard 5 (Con't): Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education

**QUESTION:** Does there need to be a 30-minute interval between accredited and non-accredited education in **virtual activities**?

**ANSWER:** For live, online activities, if the learner will remain in the same “virtual space” for a non-accredited session, then the provider must ensure that there is a 30-minute interval before or after accredited education.

If the learner is required to leave the virtual space to transition between accredited and non-accredited activities, and will need to take an action, such as clicking a link that clearly communicates that they are leaving the accredited education, then there is no time-interval requirement.

# Tools and Forms

Tools have been developed to support providers with the implementation of the new Standards.

We'll go over those shortly.



**Toolkit for the Standards for Integrity and Independence in Accredited Continuing Education**

# Reorganization of ACCME Accreditation Criteria

With the update to the Standards, ACCME decided to simplify the organization and naming of the Accreditation Criteria.

## AT A GLANCE

- **Eliminated Accreditation Criteria 7-10:** These criteria referred to the Standards for Commercial Support. To simplify, they removed the redundancy of embedding the Standards in the Accreditation Criteria.

C7: The provider develops activities independent of commercial interests

- Avoiding use of employees/owners of commercial interests (ineligible entities)
- Conflict of interest resolution (mitigation)
- Conflict of interest disclosure to learners

C8: The provider appropriately manages commercial support

C9: The provider maintains a separation of promotion from education

C10: The provider activity promotes improvements in health care and NOT proprietary interests of a commercial interest (ineligible entity)

# Reorganization of ACCME Accreditation Criteria (continued)

- **New structure:** The Core Accreditation Criteria (formerly Criteria 1–13) are reorganized and **grouped into topic areas** to better reflect the Plan Do Study Act (PDSA) cycle, which is the foundation of the criteria. ACCME refers to these as the *core* criteria to differentiate them from the commendation criteria.
- **Keywords, not numbers:** ACCME replaced the numbering system with keywords to more clearly identify the purpose of each criterion. This change applies to the Core Accreditation Criteria and the Menu of Criteria for Accreditation with Commendation.

# New Look and Feel of the Core Criteria

## Accreditation Criteria

Initial applicants seeking to achieve Provisional Accreditation, a two-year term, must comply with the following Core Accreditation Criteria: Mission, Program Analysis, Educational Needs, Designed to Change, and Analyzes Change.

Providers seeking Accreditation, a four year-year term, must comply with all the Core Accreditation Criteria. Accredited providers also have the option to seek Accreditation with Commendation, a six-year term. See the explanation below.

All providers must comply with the applicable Standards for Integrity and Independence in Accredited Continuing Education and applicable policies.

Core Accreditation Criteria	
CME Mission and Program Improvement	
Mission	The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program. (formerly Criterion 1)
Program Analysis	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. (formerly Criterion 12)
Program Improvements	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. (formerly Criterion 13)

Educational Planning and Evaluation	
Educational Needs	The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners. (formerly Criterion 2)
Designed to Change	The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement. (formerly Criterion 3)
Appropriate Formats	The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. (formerly Criterion 5)
Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies). (formerly Criterion 6)
Analyzes Change	The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions. (formerly Criterion 11)

You'll notice the crosswalk between the old numbering system and the new topic areas.



# Reorganization of ACCME Accreditation Criteria (continued)

- **No changes to the Core Accreditation Criteria:** There are *no* changes to the wording or expectations of the Core Accreditation Criteria (formerly Criteria 1–13), **except for the removal of Criteria 7-10 and replacement of numbers with keywords, as described above.**
- **Menu of Criteria for Accreditation with Commendation:** There are *no* changes to the commendation criteria, **except that the numbers have been replaced with keywords, as described above.** As before, compliance with the menu is an *option*, not a requirement.

# Reorganization of ACCME Accreditation Criteria (continued)

- **Compliance expectations:** Providers will be evaluated for compliance with the Core Accreditation Criteria, applicable Standards for Integrity and Independence in Accredited Continuing Education, and applicable policies.
- **Data entry:** ACCME plans to update the Program and Activity Reporting System (PARS) and accreditation management system in Summer 2021 to reflect these changes.

We'll be talking about THIS later in the day.

# New Look and Feel of the Commendation Criteria

## Menu of Criteria for Accreditation with Commendation (optional)

To be eligible for Accreditation with Commendation, CME providers must demonstrate compliance with all of the Core Accreditation Criteria, in addition to eight criteria from the commendation menu. Choosing from the menu, providers need to demonstrate compliance with any seven criteria of their choice, from any category, plus one criterion from the "Achieves Outcomes" category, for a total of eight criteria.

All providers must demonstrate compliance with the applicable Standards for Integrity and Independence in Accredited Continuing Education and applicable policies.

### Promotes Team-based Education

Engages Teams	Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE). (formerly Criterion 23)
Engages Patients/Public	Patient/public representatives are engaged in the planning and delivery of CME. (formerly Criterion 24)
Engages Students	Students of the health professions are engaged in the planning and delivery of CME. (formerly Criterion 25)

### Addresses Public Health Priorities

Advances Data Use	The provider advances the use of health and practice data for healthcare improvement. (formerly Criterion 26)
Addresses Population Health	The provider addresses factors beyond clinical care that affect the health of populations. (formerly Criterion 27)
Collaborates Effectively	The provider collaborates with other organizations to more effectively address population health issues. (formerly Criterion 28)

### Enhances Skills

Optimizes Communication Skills	The provider designs CME to optimize communication skills of learners. (formerly Criterion 29)
Optimizes Technical/Procedural Skills	The provider designs CME to optimize technical and procedural skills of learners. (formerly Criterion 30)
Creates Individualized Learning Plans	The provider creates individualized learning plans for learners. (formerly Criterion 31)
Utilizes Support Strategies	The provider utilizes support strategies to enhance changes as an adjunct to its CME. (formerly Criterion 32)

### Demonstrates Educational Leadership

Engages in Research/Scholarship	The provider engages in CME research and scholarship. (formerly Criterion 33)
Supports CPD for CME Team	The provider supports the continuous professional development of its CME team. (formerly Criterion 34)
Demonstrates Creativity/Innovation	The provider demonstrates creativity and innovation in the evolution of its CME program. (formerly Criterion 35)

### Achieves Outcomes

Improves Performance	The provider demonstrates improvement in the performance of learners. (formerly Criterion 36)
Improves Healthcare Quality	The provider demonstrates healthcare quality improvement. (formerly Criterion 37)
Improves Patient/Community Health	The provider demonstrates the impact of the CME program on patients or their communities. (formerly Criterion 38)



# New Look and Feel of Document for Menu of Commendation Criteria - Showing Critical Elements



MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION				
CRITERION		RATIONALE	CRITICAL ELEMENTS	STANDARD
<b>Promotes Team-based Education</b>				
Engages Teams	Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE). (formerly C23)	Interprofessional continuing education (IPCE) occurs when members from two or more professions learn with, from, and about each other to enable effective interprofessional collaborative practice and improve health outcomes. This criterion recognizes accredited providers that work collaboratively with multiple health professions to develop IPCE.	<ul style="list-style-type: none"> <li>Includes planners from more than one profession (representative of the target audience) AND</li> <li>Includes faculty from more than one profession (representative of the target audience) AND</li> <li>Activities are designed to change competence and/or performance of the healthcare team.</li> </ul>	<p>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.</p> <p>At review, submit evidence for this number of activities: * S=2; M=4; L=6; XL=8</p>
Engages Patients/Public	Patient/public representatives are engaged in the planning and delivery of CME. (formerly C24)	Accredited continuing medical education (CME) is enhanced when it incorporates the interests of the people who are served by the healthcare system. This can be achieved when patients and/or public representatives are engaged in the planning and delivery of CME. This criterion recognizes providers that incorporate patient and/or public representatives as planners and faculty in the accredited program.	<ul style="list-style-type: none"> <li>Includes planners who are patients and/or public representatives AND</li> <li>Includes faculty who are patients and/or public representatives</li> </ul>	<p>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.</p> <p>At review, submit evidence for this number of activities: * S=2; M=4; L=6; XL=8</p>
Engages Students	Students of the health professions are engaged in the planning and delivery of CME. (formerly C25)	This criterion recognizes providers for building bridges across the healthcare education continuum and for creating an environment that encourages students of the health professions and practicing healthcare professionals to work together to fulfill their commitment to lifelong learning. For the purpose of this criterion, students refers to students of any of the health professions, across the continuum of healthcare education, including professional schools and graduate education.	<ul style="list-style-type: none"> <li>Includes planners who are students of the health professions AND</li> <li>Includes faculty who are students of the health professions</li> </ul>	<p>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.</p> <p>At review, submit evidence for this number of activities: * S=2; M=4; L=6; XL=8</p>

\*Program Size by Activities per Term: S=small <39; M=medium: 40-100; L=large: 101-250; XL=extra-large: >250

# One Year Transition Phase



To facilitate the transition, ACCME has created the following timeline.

## Requirements that have been removed:

Accredited providers can **immediately** stop complying with requirements that have been removed from the Standards.

## Requirements that are new or changed:

Accredited providers will be expected to comply with new or changed requirements in the Standards **by January 1, 2022.**

**The current Standards for Commercial Support will remain in place for existing and any newly accredited providers coming on board through**





# Reaccreditation Impact

- **Fall 2021:** New Structured Abstract and new Self Study Report forms will be published that begin to reflect the updated Standards & Reorganized Criteria (for June 2022 cohort).
  - Will have a key that includes crosswalk (i.e., Analyzes Change - formerly known as C11)
- **January 2022:** Providers expected to demonstrate compliance with new Standards in all activities.
  - So if you are planning activities now for 2022, ensure you are incorporating the new Standards.
  - ACCME expects accredited providers to take reasonable steps to comply with the new Standards for activities taking place in 2021 that will continue to be available in 2022 and beyond.
  - For activities that were planned or released prior to 2021, ACCME does not expect you to make changes to or obtain new disclosure information from the individuals who were in control of content.
- **January 2022:** When providers come up for re-accreditation they will be held accountable for compliance with the old Standards only in the requirements that are the same.



# 2021 Interviews - Things You Might See

Requirements that have been eliminated in the new Standards are no longer going to be evaluated in decision-making, **effective immediately.\***

Standard	Stop doing NOW	Expect to change in the future (for activities after 1/1/2022)
3	Looking for Spouse or Partner on disclosure forms	
3		Looking for disclosure form that includes 24 months and revised definition of Ineligible Company
3		Must collect ALL (not just relevant) financial relationships
4	Looking for policy on honoraria and reimbursement	

# ACCME WEBSITE RESOURCES

ACCME has now replaced the old Standards with the new on their website and has begun using the new terminology.

<https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce>

## Standards for Integrity and Independence in Accredited Continuing Education

PREAMBLE

ELIGIBILITY

STANDARD 1: ENSURE  
CONTENT IS VALID

STANDARD 2: PREVENT  
COMMERCIAL BIAS AND  
MARKETING IN ACCREDITED  
CONTINUING EDUCATION

STANDARD 3: IDENTIFY,  
MITIGATE, AND DISCLOSE  
RELEVANT FINANCIAL  
RELATIONSHIPS

STANDARD 4: MANAGE  
COMMERCIAL SUPPORT  
APPROPRIATELY

STANDARD 5: MANAGE  
ANCILLARY ACTIVITIES  
OFFERED IN CONJUNCTION  
WITH ACCREDITED CONTINUING  
EDUCATION

The old Standards can be found in ACCME's archives.

## Archived Resources: Standards for Commercial Support

- [Standards for Commercial Support: Standards to Ensure Independence in CME Activities \(PDF\)](#)
- [Archived Examples of Compliance and Noncompliance with the ACCME Standards for Commercial Support \(Criteria 7-10\) \(PDF\)](#)
- [Archived Accreditation Requirements \(PDF\)](#)

Tools have been developed to support providers with the implementation of the new Standards.

## Toolkit for the Standards for Integrity and Independence

This toolkit includes templates, sample forms, and checklists in fillable PDF format for you to adapt and use as you choose. Use of these resources is completely optional.

- [Download the full Toolkit](#) (fillable PDF)
- Download the tools from the Toolkit as separate fillable PDFs:
  - [Tools for Identifying, Mitigating, and Disclosing Relevant Financial Relationships](#)
  - [Tools to Ensure that Clinical Content is Valid](#)
  - [Quick Tool to Simplify Educational Planning when Identification, Mitigation, and Disclosure are Not Required](#)

# Now Back to Tools and Forms



## Toolkit for the Standards for Integrity and Independence in Accredited Continuing Education

The ACCME has provided a Toolkit of resources to assist providers in transitioning to the new Standards.

The initial collection of tools focuses on:

- Standard 1: Ensuring Content is Valid
- Standard 3: Identifying, Mitigating, and Disclosing Relevant Financial Relationships.

These 2 standards are applicable to all accredited providers, whether or not commercial support is received. Use of these resources is completely **optional**.



**Note for Continuing Education Staff**

If any of the following statements apply to the education, you **do not** need to identify, mitigate, or disclose relevant financial relationships for this accredited continuing education:

- ✓ It will only address a non-clinical topic (e.g., leadership or communication skills training).
- ✓ It is for a learner group that is in control of the content entirely (e.g., spontaneous case conversation among peers).
- ✓ It is a self-directed educational activity where the learner will control their educational goals and report on changes that resulted (e.g., learning from teaching, remediation, or a personal development plan). When accredited providers serve as a source of information for the self-directed learner, they should direct learners only to resources and methods for learning that are not controlled by ineligible companies.

**STEP 1:** Before you begin planning your education, collect information from all planners, faculty, and others who would be in positions to control content. Ask them to provide information about **all** their financial relationships with ineligible companies over the previous **24 months**.

Ensure you use this definition: Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

*Hint: Use the **Template for Collecting Information about All Financial Relationships from Planners, Faculty, and Others**. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies.*

**STEP 2:** Review the disclosed relationships and **exclude owners and employees of ineligible companies from participating as planners, faculty, or other roles** unless the educational activity meets one of the exceptions listed below.

There are only three exceptions that allow for owners and/or employees of ineligible companies to participate as planners or faculty in accredited continuing education.

1. When the content of the activity is not related to the business lines or products of their employer/company.
2. When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
3. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.

**STEP 3:** Determine which financial relationships are **relevant** to the content of the continuing education activity, **mitigate** those relevant financial relationships to prevent commercial bias, and **disclose** the presence or absence of all relevant financial relationships to learners prior to the activity.



**A** Determine **relevant financial relationships** for all who will be in control of educational content.

*Financial relationships are relevant if the following three conditions are met for the individual who will control content of the education:*

- ✓ A financial relationship, in **any amount**, exists between the person in control of content and an ineligible company.
- ✓ The financial relationship existed during the past **24 months**.
- ✓ The content of the education is related to the products of an ineligible company with whom the person has a financial relationship.



**B** **Mitigate** relevant financial relationships prior to individuals assuming their roles in the education.

*Hint: Use the **Worksheet for the Identification and Mitigation of Relevant Financial Relationships of Planners, Faculty, and Others** to implement mitigation strategies appropriate to their role(s) in the educational activity.*



**C** Before the learner engages in the education, **disclose** to learners the presence or absence of relevant financial relationship for all persons in control of content.

*Hint: Use the **Examples of Communicating Disclosure to Learners** to share all of the appropriate information before the activity.*

# Key Steps for the Identification, Mitigation, and Disclosure of Relevant Financial Relationships

*A Checklist for CME Staff* providing an overview of the 3-step process and things that are important to consider.

STEP 1: Before you begin planning

STEP 2: Reviewing disclosures and excluding owners/employees of ineligible companies

STEP 3: Determining which relationships are relevant







**Note for Continuing Education Staff**

If any of the following statements apply to the education, you **do not** need to identify, mitigate, or disclose relevant financial relationships for this accredited continuing education:

- ✓ It will only address a non-clinical topic (e.g., leadership or communication skills training).
- ✓ It is for a learner group that is in control of the content entirely (e.g., spontaneous case conversation among peers).
- ✓ It is a self-directed educational activity where the learner will control their educational goals and report on changes that resulted (e.g., learning from teaching, remediation, or a personal development plan). When accredited providers serve as a source of information for the self-directed learner, they should direct learners only to resources and methods for learning that are not controlled by ineligible companies.

At the beginning of your planning process, use the sample language below to communicate with prospective planners, faculty, and others who may be in control of content for the education. It is important to identify financial relationships before activity planning begins so that relevant financial relationships can be mitigated in a manner that is appropriate to each person's role.

Dear **Prospective Planner/Faculty Member**:

We are looking forward to having the opportunity to include you as a **<proposed role for person—e.g., planner, faculty, reviewer, etc...>** in the accredited continuing education, **<Insert activity title or working title and date/location information, if appropriate>**.

**Why am I receiving this communication?**

**<Insert Accredited Provider Name>** is accredited by the **<Accreditor>**. We appreciate your help in partnering with us to follow accreditation guidelines and help us create high-quality education that is independent of industry influence. In order to participate as a person who will be able to control the educational content of this accredited CE activity, we ask that you disclose all financial relationships with any ineligible companies that you have had over the past 24 months. We define ineligible companies as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with ineligible companies. We ask you to disclose regardless of whether you view the financial relationships as relevant to the education. For more information on the Standards for Integrity and Independence in Accredited Continuing Education, please visit [accme.org/standards](http://accme.org/standards).

**Why do we collect this information?**

Since healthcare professionals serve as the trusted authorities when advising patients, they must protect their learning environment from industry influence to ensure they remain true to their ethical commitments. Many healthcare professionals have financial relationships with ineligible companies. By identifying and mitigating relevant financial relationships, we work together to create a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.

**What are the next steps in this process?**

After we receive your disclosure information, we will review it to determine whether your financial relationships are relevant to the education. Please note: the identification of relevant financial relationships does not necessarily mean that you are unable to participate in the planning and implementation of this educational activity. Rather, the accreditation standards require that relevant financial relationships are mitigated before you assume your role in this activity.

To help us meet these expectations, please use the form we have provided to share all financial relationships you have had with ineligible companies during the past 24 months. This information is necessary in order for us to be able to move to the next steps in planning this continuing education activity.

If you have questions about these expectations please contact us at **<provider contact information>**.

# Sample Letter to Explain Why Financial Relationship Information is Collected

At beginning of planning process, sample language CME providers can use to communicate with prospective planners, faculty and reviewers.

- Why they are receiving the communication
- Why the CME Office is collecting this information
- What the next steps are in the process of mitigation





# Template for Collecting Information about All Financial Relationships from Planners, Faculty, and Others

For more information, visit [accme.org/standards](http://accme.org/standards)

## To be completed by education staff.

Name of Individual:

Title of Continuing Education:

Date and location of Education:



## Individual's prospective role(s) in education

Identify the prospective role(s) that this person may have in the planning and delivery of this education (*choose all that apply*)

- Planner  
*Examples: planning committee, staff involved in choosing topics, faculty, or content*
- Teacher, Instructor, Faculty
- Author, Writer
- Reviewer
- Other

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. Please complete the form below and return it to \_\_\_\_\_ by \_\_\_\_\_.

The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have questions, please contact us at \_\_\_\_\_.

## To be Completed by Planner, Faculty, or Others Who May Control Educational Content

Please disclose **all financial relationships** that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

### Enter the Name of Ineligible Company

An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

For specific examples of ineligible companies visit [accme.org/standards](http://accme.org/standards).

### Enter the Nature of Financial Relationship

Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.

### Has the Relationship Ended?

If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.

Example: ABC Company

Consultant

In the past 24 months, I have not had any financial relationships with any ineligible companies.

I attest that the above information is correct as of this date of submission.



## Note for Continuing Education Staff

Use this template to collect all relevant financial relationships of prospective planners, faculty, and others who may control educational content before they assume their role in the education. As an alternative to collecting disclosure information for each activity, if your planners and faculty are a set group of individuals, you might choose to collect this information on an annual or periodic basis and ask the individuals to update if any information changes during the year.

# Template for Collecting Information about All Financial Relationships from Planners, Faculty and Others

Basically a sample Financial Disclosure Form that you may adopt, if desired.

Compare your process or forms to this sample template to collect the right information about financial relationships.



**ISMA**  
INDIANA  
STATE  
MEDICAL  
ASSOCIATION

# ISMA Financial Disclosure Form

ISMA did not adopt this form but did update ours to reflect changes in the new Standards.

- Did not change to term CE, but left CME (Continuing Medical Education)
- Removed mention of and request for disclosure of spouse/partner
- Removed columns in grid for Self vs. Spouse/Partner and added “Has relationship ended?”
- Changed look-back on relationships from 12 to 24 months
- Changed section on Relevant Financial Relationships to All Financial Relationships
- Changed term “commercial interest” to “ineligible company”
- Changed term “resolved” to “mitigated”
- Updated Statements/Rules of ISMA Content Validation on form to include:
  - Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of the accredited provider to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence and clinical reasoning.
- Within Glossary of Terms, updated:
  - Definition of “Commercial Interest,” now called “Ineligible Entity”
  - Definition of “Relevant Financial Relationships”



# ISMA Financial Disclosure Form



CONTINUING MEDICAL EDUCATION

## DISCLOSURE OF FINANCIAL RELATIONSHIP FORM

<b>Name/Credentials</b>	Click here to enter text.		
<b>Telephone Number:</b>	Click here to enter text.	<b>E-Mail Address:</b>	Click here to enter text.
<b>Activity Name:</b>	Click here to enter text.	<b>Date:</b>	Click here to enter text.
Please indicate your role in this CME activity: <input type="checkbox"/> <b>Presenter/Faculty</b> <input type="checkbox"/> <b>Course Director</b> <input type="checkbox"/> <b>Moderator</b> <input type="checkbox"/> <b>Planning Committee</b> (Please check all that apply)			

**Purpose:** It is the policy of the Indiana State Medical Association (ISMA) to ensure balance, independence, objectivity and scientific rigor in all of its sponsored educational activities. All participating faculty, course directors, and planning committee members are required to disclose to the program audience any financial relationships related to the subject matter of continuing medical education (CME) activities/programs. Disclosure information is reviewed in advance in order to manage and resolve any possible conflicts of interest. This information is necessary in order for us to be able to move to the next steps in planning this CME activity.

**Persons who fail to provide this information in advance of the course (allowing for adequate time for review) are not eligible to be involved in this CME activity.**

**Participation:** We are pleased that you are willing and able to participate in this CME activity, which is accredited by the ISMA. The ISMA is accredited by the Accreditation Council for Continuing Medical Education (ACCME). As such, we are required to meet the ACCME's expectations for our practice of continuing medical education.

### Step 1: Disclosure of All Financial Relationships

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition in Glossary of Terms). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, in any amount, with ineligible companies. You should disclose relationships regardless of the potential relevance of each relationship to the education.

Regarding your role in this CME activity (check one):

- No, in the past 24 months, I have not had any financial relationships with an ineligible company.**
- Yes, I do have a personal financial relationship with an ineligible company (Provide information below)**

Nature of Financial Relationship	Name of Ineligible Company(s)	Has the relationship ended?
<input type="checkbox"/> Consultant	Click here to enter text.	<input type="checkbox"/>
<input type="checkbox"/> Speaker's Bureau	Click here to enter text.	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support <input type="checkbox"/> Principal Investigator	Click here to enter text.	<input type="checkbox"/>
<input type="checkbox"/> Board Member	Click here to enter text.	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)	Click here to enter text.	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee/Owner*	Click here to enter text.	<input type="checkbox"/>
<input type="checkbox"/> Other (Describe):	Click here to enter text.	<input type="checkbox"/>

\* The ISMA PROHIBITS employees and owners of ineligible companies from participating on any CME PLANNING COMMITTEE and serving as presenters.

Additional information may be requested to address any perceived conflict of interest. All identified conflicts of interest must be mitigated in advance of the activity and disclosure information will be shared with activity participants.



CONTINUING MEDICAL EDUCATION

### Step 2: Speaker Disclosure of Off-Label and/or Investigational Uses

If at any time during my educational activity, I discuss an off-label/investigative use of a commercial product/device, I understand that I must provide disclosure of that intent.

- No, I do not intend to discuss an off-label/investigative use of a commercial product/device.**
- Yes, I do intend to discuss off-label/investigative use(s) of the following commercial product(s)/device(s).**

Click here to enter text.

### Step 3: ISMA Statements & Rules to Ensure Content Validation

We would like to enlist your help to ensure that educational content is fair and balanced and that any clinical content presented supports safe, effective patient care. This includes the expectations that:

- All recommendations for patient care in accredited continuing education must be based on current science, evidence and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
- All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation. Citations of the work are recommended.
- The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific business interest of a commercial interest.
- Recommendations involving diagnosis and treatment discussed in the presentation are based on evidence which is accepted within the profession of medicine as adequate justification for their indications and contraindication in the care of patient.
- Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of the accredited provider to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence and clinical reasoning.
- Content cannot be included in accredited education if it advocates for unscientific approaches to diagnosis or therapy, or if the education promotes recommendations, treatment, or manners or practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.
- I understand that ISMA CME staff will need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance, as requested.
- I understand that commercial entity corporate names or logos should not appear on my slides or handouts.
- I understand that ISMA CME staff may be attending the event to ensure that my presentation is educational, and not promotional, in nature.
- If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any individual company.
- If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau for any ineligible company, the promotional aspects of the presentation will not be included in any way with this activity.
- If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods and will not promote the commercial interest of the funding company.
- If I am presenting research studies, I will include weaknesses and strengths of each study, in addition to harms and benefits of specific products. I will also discuss studies presenting different conclusions about the product, if available.

If you have any questions regarding your ability to comply, please contact Jessica Davis, CME Coordinator, at 317-261-2060, or by e-mail at [jdavis@ismanet.org](mailto:jdavis@ismanet.org).

### Step 4: Declaration

I will uphold the ISMA CME standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this continuing education activity. I understand that CME accreditation guidelines prohibit me from accepting any reimbursement (financial, gifts, or in-kind exchange) for this presentation from any source other than the accredited CME provider or its educational partner (or fiscal agent).

**Signature/Printed Name:**  **Date:**

If sending this completed document electronically, please type your name above and check this box:

- By checking this box, I attest that the completed information is accurate. Please accept this as my signature.

Thank you for providing us with this information.  
RETURN TO: Jessica Davis, CME Coordinator, at [jdavis@ismanet.org](mailto:jdavis@ismanet.org)

# ISMA Financial Disclosure Form



CONTINUING MEDICAL EDUCATION

## Glossary of Terms as Defined by the American Council on Continuing Medical Education (ACCME)

### Ineligible Company (formerly known as "Commercial Interest")

The ACCME defines an "ineligible company" as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

### Financial Relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected.

### Relevant Financial Relationships

ACCME focuses on collecting information about all financial relationships with ineligible companies within the prior 24 months.

There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME classifies financial relationships as "relevant" if the educational content an individual can control is related to the business lines or products of the ineligible company.

### Conflict of Interest

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of an ineligible company with which he/she has a financial relationship. The ACCME considers "content of CME about the products or services of that commercial interest" to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.



CONTINUING MEDICAL EDUCATION

FOR CME OFFICE USE ONLY



### MITIGATION OF CONFLICTS OF INTEREST

<b>Step 1</b>	<b>Owners/Employees of Ineligible Company (IC)</b>
<input type="checkbox"/>	Not an employee/owner of IC (go to Step 2)
<input type="checkbox"/>	Planning Committee employee/owner of IC (choose from below):
<input type="checkbox"/>	No planning has occurred – individual is fully recused from committee
<input type="checkbox"/>	Planning has occurred – activity will not be accredited
<input type="checkbox"/>	Faculty/speaker employee/owner of IC (choose from below):
<input type="checkbox"/>	Faculty/speaker is not allowed to present
<input type="checkbox"/>	Activity will not be accredited
<b>Step 2</b>	<b>Conflict of Interest (COI)</b>
<input type="checkbox"/>	No relevant financial relationship (no COI)
<input type="checkbox"/>	Potential COI – presenter (choose from below):
<input type="checkbox"/>	Presentation materials reviewed to ensure fair balance, scientific objectivity and no commercial bias
<input type="checkbox"/>	Presenter will refrain from making recommendations on topics of COI
<input type="checkbox"/>	All recommendations for patient care are based on peer review data
<input type="checkbox"/>	Discontinue contracted services that create financial relationship – must disclose such relationship to audience for 24 months
<input type="checkbox"/>	Individual excluded from content creation and delivery; was replaced with another presenter
<input type="checkbox"/>	Activity will not be accredited
<input type="checkbox"/>	Potential COI - planner
<input type="checkbox"/>	Planner recused from planning content relevant to reported COI
<input type="checkbox"/>	Another non-conflicted planner will participate in planning to ensure fair balance; non-conflicted planner will review proposed content to ensure it is free from potential bias; non-conflicted planner will oversee selection of faculty

Reviewed/Signed by: \_\_\_\_\_

Date: \_\_\_\_\_

Updated: May 2021



**Note for Continuing Education Staff**

Use this sample worksheet to identify and mitigate relevant financial relationships that you have identified for planners, faculty, and others who will control educational content for your education activity. Please make sure that (1) the mitigation strategy is appropriate to the person's role in the activity, and (2) that mitigation is implemented before each person takes on their role.

**STEP 1: Review collected information about financial relationships and exclude owners or employees of ineligible companies from participating as planners or faculty.**

After collecting all financial relationships from prospective planners, faculty, and others, exclude any persons who are owners or employees of ineligible companies. Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For information about exceptions to this exclusion, see [accme.org/standards](http://accme.org/standards).

**STEP 2: Determine relevant financial relationships.**

Review the information for all persons whom you did not exclude in Step 1 and determine whether each person's financial relationships with ineligible companies are relevant to the content of the education you are planning. Financial relationships are relevant if the following three conditions are met for the prospective person who will control content of the education:

- ✓ A financial relationship, in **any amount**, exists between the person in control of content and an ineligible company.
- ✓ The financial relationship existed during the past **24 months**.
- ✓ The content of the education is related to the products of an ineligible company with whom the person has a financial relationship.

**STEP 3: Choose a mitigation strategy for each person who has a relevant financial relationship and implement that strategy before the person assumes their role.**

Using the lists below, identify which mitigation strategy(ies) will be used for **all persons** with relevant financial relationships who control the educational content of the educational activity. You may select multiple strategies but be sure to use strategies **appropriate to the role(s)** that each person has. You can also identify your own strategies for mitigation.

**Mitigation steps for planners** (choose at least one)

- ✓ **Divest** the financial relationship
- ✓ **Recusal** from controlling aspects of planning and content with which there is a financial relationship
- ✓ **Peer review** of planning decisions by persons without relevant financial relationships
- ✓ Use **other methods** (please describe):

**Mitigation steps for faculty and others** (choose at least one)

- ✓ **Divest** the financial relationship
- ✓ **Peer review** of content by persons without relevant financial relationships
- ✓ Attest that clinical recommendations are **evidence-based** and **free of commercial bias** (e.g., peer-reviewed literature, adhering to evidence-based practice guidelines)
- ✓ Use **other methods** (please describe):

**Step 4: Document the mitigation strategy(ies) you used for each person with a relevant financial relationship.**

A	B	C	D
NAME OF PERSON	ROLE(S) IN ACTIVITY	STEP(S) TAKEN TO MITIGATE RELEVANT FINANCIAL RELATIONSHIP	DATE IMPLEMENTED
<i>Example: Dr. Jones</i>	<i>Planner</i>	<i>Recusal from topic/faculty selection</i>	<i>10/28/21</i>

# Worksheet for the Identification and Mitigation of Relevant Financial Relationships of Planners, Faculty and Others

Takes the place of the Flowchart for Resolution of Personal Conflicts of Interest

You may adopt this form to record/document how you mitigated individual relationships, if you desire.





**Note for Continuing Education Staff**

If any of the following statements apply to the education, you **do not** need to identify, mitigate, or disclose relevant financial relationships for this accredited continuing education:

- ✓ It will only address a non-clinical topic (e.g., leadership or communication skills training).
- ✓ It is for a learner group that is in control of the content entirely (e.g., spontaneous case conversation among peers).
- ✓ It is a self-directed educational activity where the learner will control their educational goals and report on changes that resulted (e.g., learning from teaching, remediation, or a personal development plan). When accredited providers serve as a source of information for the self-directed learner, they should direct learners only to resources and methods for learning that are not controlled by ineligible companies.

Use the sample language below to provide disclosure to learners in a format that can be verified at the time of accreditation. Disclosure must be provided to learners **before** engaging with the accredited education.

**What gets disclosed to learners before the education?**

**If there are NO relevant financial relationships:**

*Inform learners that planners, faculty, and others in control of content (either individually or as a group) have no relevant financial relationships with ineligible companies.*

**EXAMPLES:**

*"Dr. Xin Lee, faculty for this educational event, has no relevant financial relationship(s) with ineligible companies to disclose."*

*"Ruth Hopkins, Dr. Maryam Elbaz, and Ken Sanders, authors of this educational activity, have no relevant financial relationship(s) with ineligible companies to disclose."*

*"None of the planners for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients."*

**NOTE:**

- ✓ If commercial support is received, the accredited provider must also disclose to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education.
- ✓ Disclosure to learners must not include ineligible companies' corporate or product logos, trade names, or product group messages.
- ✓ It may be helpful to include definitions of terms to learners to support their understanding of your processes (e.g., ineligible companies, relevant financial relationships, etc...)

**If there ARE relevant financial relationships:**

*Disclose name(s) of the individuals, name of the ineligible company(ies) with which they have a relevant financial relationship(s), the nature of the relationship(s), and a statement that all relevant financial relationships have been mitigated.*

**EXAMPLES:**

*Nicolas Garcia, faculty for this educational event, is on the speakers' bureau for XYZ Device Company.*

*Dr. Yvonne Gbeho, planner for this educational event, has received a research grant from ABC Pharmaceuticals.*

*All of the relevant financial relationships listed for these individuals have been mitigated.*

# Examples of Communicating Disclosure to Learners

Uses sample terminology for disclosure statements when there are no relevant relationships **AND** when there are relevant financial relationships, in a format that can be verified at the time of reaccreditation.

Remember that disclosure must be provided to learners **before** engaging with accredited education.







**Note for Continuing Education Staff**

Use this sample template to communicate expectations to planners, authors, and faculty about ensuring valid clinical content for accredited education. For more information about these expectations, see Standard 1 of the Standards for Integrity and Independence at [accme.org/standards](http://accme.org/standards).

Dear **Prospective Planner/Faculty Member**:

As an important contributor to our accredited education, we would like to enlist your help to ensure that educational content is fair and balanced, and that any clinical content presented supports safe, effective patient care. This includes the expectations that:

- ✓ All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
- ✓ All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
- ✓ Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
- ✓ Content cannot be included in accredited education if it advocates for unscientific approaches to diagnosis or therapy, or if the education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

These expectations are drawn from **Standard 1** of the ACCME Standards for Integrity and Independence in Accredited Continuing Education. For more information, see [accme.org/standards](http://accme.org/standards). If we can help you to understand and/or apply these strategies to your education, please contact us at [<provider contact information>](#).

**Please consider using these strategies to help us support the development of valid, high quality education.**

**Consider using the following best practices when presenting clinical content in accredited CE:**

- ✓ Clearly describe the level of evidence on which the presentation is based and provide enough information about data (study dates, design, etc.) to enable learners to assess research validity.
- ✓ Ensure that, if there is a range of evidence, that the credible sources cited present a balanced view of the evidence.
- ✓ If clinical recommendations will be made, include balanced information on all available therapeutic options.
- ✓ Address any potential risks or adverse effects that could be caused with any clinical recommendations.

**Although accredited CE is an appropriate place to discuss, debate, and explore new and evolving topics, presenting topics or treatments with a lower (or absent) evidence base should include the following strategies:**


- ❖ Facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning
- ❖ Construct the activity as a debate or dialogue. Identify other faculty who represent a range of opinions and perspectives; presentations should include a balanced, objective view of research and treatment options.
- ❖ Teach about the merits and limitations of a therapeutic or diagnostic approach rather than how to use it.
- ❖ Identify content that has not been accepted as scientifically meritorious by regulatory and other authorities, or when the material has not been included in scientifically accepted guidelines or published in journals with national or international stature.
- ❖ Clearly communicate the learning goals for the activity to learners (e.g., "This activity will teach you about how your patients may be using XX therapy and how to answer their questions. It will not teach you how to administer XX therapy").

# Guidance for Planners, Authors and Faculty: Ensuring Clinical Content is Valid

A sample template to communicate expectations to planners, authors and faculty in the planning stage to ensure valid clinical content for the accredited education they will be developing.

ISMA communicates the majority of this information within the Statements/Rules of ISMA Content Validation on pg. 2 of our Financial Disclosure Form.



Please answer the following questions regarding the clinical content of the education. 

Are recommendations for patient care based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options? *[Standards for Integrity and Independence 1.1]*

Comments:

Yes  
 No

Does all scientific research referred to, reported, or used in this educational activity in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation? *[Standards for Integrity and Independence 1.2]*

Comments:

Yes  
 No

Are new and evolving topics for which there is a lower (or absent) evidence base, clearly identified as such within the education and individual presentations? *[Standards for Integrity and Independence 1.3]*

Comments:

Yes  
 No

Does the educational activity avoid advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning? *[Standards for Integrity and Independence 1.3]*


Comments:

Yes  
 No

Does the activity exclude any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients? *[Standards for Integrity and Independence 1.4]*

Comments:

Yes  
 No

 **Note for Continuing Education Staff**

One strategy to ensure the clinical content validity of accredited continuing education is to allow external (peer) review by persons with appropriate clinical expertise and no relevant financial relationships with ineligible companies, defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The questions above direct reviewers to share feedback about each of the requirements that comprise Standard 1 in the Standards for Integrity and Independence. For more information, see [accme.org/standards](http://accme.org/standards).

# Template for Peer Review: Ensuring that Clinical Content is Valid


An example of a tool to facilitate peer review to ensure that clinical content is valid.

The questions direct reviewers to share feedback about each of the requirements that comprise Standard 1.

ISMA will continue to use our own existing Content Review Form.

<b>What is your name and email?</b>	Name: Email:
<b>When will the education take place?</b>	Date:
<b>Do you have a title or brief description for the education?</b> <b>If yes, please note it to the right; if no, leave blank.</b>  Examples: Emergency Department team huddle; Leadership in a time of crisis; Well-being check-in	Title/Brief Description:
<b>What practice-based problem (gap) will this education address?</b>  Examples: Improve care coordination; Better communication with patients and families; Want to give better feedback to students	Practice-based problem (gap):
<b>What is/are the reason(s) for the gap?</b> <b>How are your learners involved?</b>  Examples: We need strategies to discuss difficult topics with family members; Don't know best ways to improve team collaboration	Reason(s) for the gap:
<b>Review the three statements to the right.</b>  If you can check <u>any</u> of these boxes, you do not need to identify, mitigate, and disclose relevant financial relationships.  If you unable to check any boxes, please contact your CE program administrator to implement processes for ensuring the integrity and independence of this education.	The education will... (check all that apply)  <input type="checkbox"/> only address a non-clinical topic (e.g., leadership or communication skills training).  <input type="checkbox"/> be for a learner group that is in control of the content (e.g., spontaneous case conversation among peers).  <input type="checkbox"/> be a self-directed educational activity where the learner will control their educational goals and report on changes that resulted (e.g., learning from teaching, remediation, or a personal development plan).
<b>What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish?</b>  Examples: Eliminate stigmatizing language from communications with patients; Improve my management skills	Desired change(s) in strategy, performance, or patient care:
<b>In order to award CME/CE credit, please indicate the duration of the education.</b>	Education duration: _____ hours and _____ minutes <i>Please report time in 15-minute increments.</i>
<b>Discuss with learners the changes they intend to make to their strategies, performance, or patient care that will result from this activity and list that information to the right.</b>  Example: I will use the evidence-based checklist we discussed to improve screening my patients for past military service.	Changes learners intend to make to strategies, performance, or patient care:

**After the activity, please collect attendance and learner change information for the activity and send it to the continuing education department in order for credit to be awarded. You can also list the attendees on the back of this form.**

 **Note for Continuing Education Staff**

This completed form provides the necessary information to demonstrate the professional practice gap and underlying needs, expected results, appropriate format, changes in learners, independence, and administrative information needed to award credit to learners. Please enter this activity in ACCME PARS following your usual process, and provide to learners your accreditation statement, the credit designation statement, and any applicable MOC statements. If you have awarded MOC credit, please report learners in PARS within 30 days of the education. For questions or assistance, contact ACCME at [info@accme.org](mailto:info@accme.org).

# Quick Tool for Planning Accredited Continuing Education

You can adopt this tool to simplify educational planning when identification, mitigation, and disclosure are not required.

(Non-Clinical or Spontaneous CME)

ISMA is adopting this form!

**After the activity, please collect attendance and learner change information for the activity and send it to the continuing education department in order for credit to be awarded. You can also list the attendees on the back of this form.**



## Standards for Integrity and Independence in Accredited Continuing Education

### Transition Checklist

We want to do everything we can to support the continuing education community's successful implementation of the new Standards. We encourage you to review the [Standards](#) and [resources](#) and begin working on your transition plan now, so that you are in compliance by January 1, 2022. Here's a checklist to help you get started.

#### Standard 1: Ensure Content is Valid

While there is nothing new in our approach to content validity, we suggest that you take the following steps to confirm that your processes meet our expectations.

- ✓ Check out the tips and strategies in the [clinical content validation tool](#) from the [Standards Toolkit](#).
- ✓ Review your process for ensuring that education is fair and balanced, and supports safe, effective patient care.
- ✓ Review your process for communicating your expectations to planners, authors, and faculty.

#### Standard 2: Prevent Commercial Bias and Marketing in Accredited Continuing Education

- ✓ Communicate to faculty that they cannot actively promote or sell products or services during accredited education.
- ✓ If you intend to share learners' names or contact information with an ineligible company, determine how you will obtain the explicit consent of individual learners.
  - If you ask for consent at registration, the learner must have the ability to opt out and still register for your activity.
  - The consent statement must be clearly visible—not hidden in a long list of terms and conditions.

#### Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships

- ✓ Check out the [Tools for Identifying, Mitigating, and Disclosing Relevant Financial Relationships](#) from the [Standards Toolkit](#).
- ✓ Change your process as needed to make sure that you collect information from all planners, faculty, and others in control of educational content about:
  - all their financial relationships with ineligible companies
  - within the 24 months prior to their involvement with an accredited CE activity
- ✓ Use the correct and complete definition of ineligible company: Those whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients.

## Transition Checklist

ACCME and ISMA encourage you to begin working on your transition plan now.

There is a checklist to help you get started.

<https://accme.org/publications/standards-for-integrity-and-independence-transition-checklist-pdf>

It contains all the factors for you to consider:

- Review your processes.....
- Change your forms.....
- Communicate to faculty.....

# ISMA WEBSITE RESOURCES

ISMA's *CME OneSource* contains updated forms and other documents. Providers may adopt and adapt them for their own use if so desired.

[https://www.ismanet.org/ISMA/Education/CME\\_OneSource/ISMA/Education/CME\\_OneSource](https://www.ismanet.org/ISMA/Education/CME_OneSource/ISMA/Education/CME_OneSource)

## EDUCATION

■ Seminars and Webinars

■ ISMA Online / ISMA Mobile Learning

■ Opioid Prescribing Resources

■ CME OneSource

Home » Education » CME OneSource

CME Home

CME Events

CME Accreditation Requirements

Joint Providership

ShapeUpCME

Accreditation and Restudy

ISMA Accredited Providers

Resources

Surveyors

CME Training Materials

## CME OneSource

### Welcome to the ISMA CME OneSource Resource Center

This section was developed as a one-stop tool to assist physicians and providers with their CME needs. Please spend some time becoming familiar with the site. If there is something you need, or if you would like to submit your suggestions, please email ISMA CME Coordinator [Cheryl Stearley](#), or call her at (317) 454-7731. We'd be happy to hear your remarks and hope this site serves as an efficient and easy-to-use resource.

### About CME

CME consists of educational activities that serve to maintain, develop or increase the knowledge, skills and professional performance and relationships that physicians use to serve patients, the public or the profession. [Read the full definition.](#)

### ISMA is:

- Accredited through the [Accreditation Council for Continuing Medical Education \(ACCME®\)](#) to provide CME activities.
- Allowed to provide [joint providership](#) programs.
- A recognized provider through the ACCME® to [accredited organizations](#) in Indiana to offer CME programs.

# Here's What ISMA Updated

- CME Intake Form (used with JP's or internal departments)
- Financial Disclosure Form
- CME Application & Planning Worksheet
- Marketing Guidelines
- Financial Disclosure Grid
- Joint Provider Activity Guide & Checklist

## **CME OneSource**

[https://www.ismanet.org/ISMA/Education/CME\\_OneSource/ISMA/Education/CME\\_OneSource](https://www.ismanet.org/ISMA/Education/CME_OneSource/ISMA/Education/CME_OneSource)

## **Joint Providership Documents**

[https://www.ismanet.org/ISMA/Education/CME\\_OneSource/Joint\\_Providership](https://www.ismanet.org/ISMA/Education/CME_OneSource/Joint_Providership)

## **Accreditation Requirements**

[https://www.ismanet.org/ISMA/Education/CME\\_OneSource/CME\\_Accreditation\\_Requirements](https://www.ismanet.org/ISMA/Education/CME_OneSource/CME_Accreditation_Requirements)

## **ShapeUpCME**

[https://www.ismanet.org/ISMA/Education/CME\\_OneSource/ShapeUpCME/](https://www.ismanet.org/ISMA/Education/CME_OneSource/ShapeUpCME/)

ShapeUp CME was a 2014 project, in collaboration with Indiana's CME providers, to produce a streamlined set of ACCME-compliant forms which could be quickly accessed and utilized for CME activities within any hospital or healthcare organization.

*Many of these will be outdated with implementation of the new Standards.*

# QUESTIONS