ISMA RE-ACCREDITATION PROCESS

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LEARNING OBJECTIVES

- Understand the ISMA's reaccreditation process and what's involved

- Study the 3 sources of data collected

- Examine the strategies and timeline to engage in the accreditation process

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SURVEY BY SHOW OF HANDS

- Are you going to be preparing for your Self Study in:
    - < 1 year
    - 1-3 years
    - 3-6 years

- Is this your first time being involved in development of the Self Study?
    - Yes
    - No

MATERIALS PROVIDED TO SUPPORT THE REACCREDITATION PROCESS

- Self-Study Report Form (replaces Outline)*
- Guide to the Process for ISMA Reaccreditation
- Performance-in-Practice Structured Abstract
- Menu of New Criteria for Accreditation with Commendation (Option B)
- ISMA Reaccreditation Timeline & Provider Milestones Grid

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ADDITIONAL RESOURCES VITAL TO HELPING YOU GET STARTED

- Your last Self Study (reaccreditation application)
- Your CME Organizational Chart
- Your CME Mission Statement
- Your Honoraria & Expense Reimbursement Policy
- A copy of the ACCME Accreditation Criteria
- A copy of the Standards for Commercial Support

The ISMA's self-study process facilitates reflection and analysis and utilizes

THREE PRIMARY SOURCES OF DATA

1) Self-Study Report
2) Evidence of Performance-in-Practice
3) Accreditation Interview

PREPARING YOUR SELF STUDY HAS NOW BECOME EASIER

A new
Self Study Report Form
is replacing the
*Outline for the
Self Study Report*.

It asks you the critical questions and you "fill in the blanks."

Self Study Report Form

The new **Self Study Report Form** was created in an effort to simplify things for both providers and surveyors. It is more straightforward and allows providers to answer all questions in a more consistent and precise manner.

The June 2020 cohort is the first group to be utilizing it.

The Self Study Report is a reflective narrative that describes your CME program and processes. It tells the 'story' of how you develop continuing medical education.

Data Source #1: Self Study Report

The content of the Self Study Report Form is arranged in sections by Criteria.

1) Prologue
2) Purpose and Mission (C1)
3) Needs and Gaps (C2)
4) Educational Interventions (C3)
5) Educational Formats (C5)
6) Desirable Physician Attributes (C6)
7) Independence of Commercial Interests (C7 – SCS 1,2 and 6)
8) Commercial Support (C8)
9) Appropriate Management of Associated Commercial Promotion (C9)
10) Content and Format without Commercial Bias/Clinical Content Validation (C10)
11) Analysis of Changes in Learners (C11)
12) Program Based Analysis (C12)
13) Changes in Overall CME Program (C13)
14) Accreditation with Commendation (C23-38)

Providers no longer need to organize their report using divider tabs to separate the content. They need only label attachments.

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What follows are the specifics you'll be addressing in your narrative report
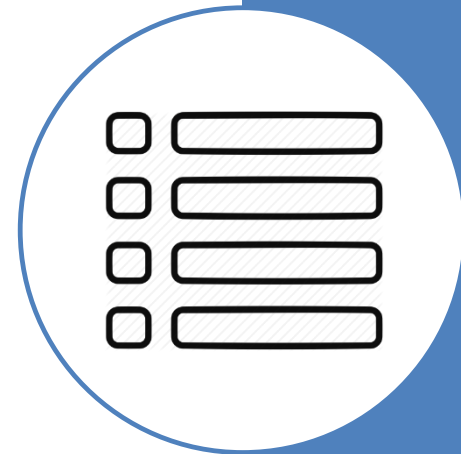
Self Study Report

Prologue

- Describe history of CME program
- Attach organizational chart

Criterion 1

- Attach CME Mission Statement

Self Study Report

Criteria 2-6

Describe your processes for:

- Identifying professional practice gaps/underlying educational needs of learners (C2)

- Designing activities to change competence, performance or patient outcomes of learners (C3)

- Designing activities to ensure that format is appropriate (C5)

- Developing activities in the context of desirable physician attributes (C6)

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Self Study Report

Criterion 7 (SCS 1, 2 & 6)

Describe your processes for:

- Ensuring activities are developed independent of commercial interests (SCS 1)

- Identifying and resolving conflicts of interest (SCS 2)

- Disclosing relevant financial relationships and sources of commercial support to learners (SCS 6)

Self Study Report

Criterion 8

- Attach policies and procedures governing honoraria and reimbursement for planners, teachers, and authors. *(This is the only <u>required</u> policy.)

- Describe practices, procedures and processes related to the appropriate use of commercial support.

Self Study Report

Criterion 9 (SCS 4)

- Describe practices, procedures and processes related to the appropriate management of associated commercial promotion (*maintaining separation of promotion from education*).

Self Study Report

Criterion 10 (SCS 5)

Describe how you assure CME content:

- Is free from commercial bias

- Gives a balanced view of therapeutic options

Self Study Report

CME Clinical Content Validation Policy

Describe how CME content meets the expectations of the ISMA's Clinical Content Validation Policy:

- Based on evidence accepted by the profession
- Research cited conforms to generally accepted standards
- Within the ACCME's definition of CME
- Not known to have risks or dangers that outweigh the benefits or promote dangerous or ineffective treatment

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Self Study Report

Criteria 11-13

Based on data and information from activities:

- Provide an analysis of changes achieved in learners' competence, performance or patient outcomes (C11)

- Provide an analysis of the degree to which expected results of CME mission have been met (C12)

- Describe changes identified and implemented to improve ability to meet CME mission (C13)

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Self Study Report

Accreditation with Commendation (optional)

Option A – Engagement with the Environment (C16-22) <u>no longer available (effective Nov, 2019)</u>.

All providers seeking Commendation must now demonstrate compliance with **Menu of New Criteria for Accreditation with Commendation – Option B (C23-38)**

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Option B – Commendation Wheel

16 Criteria divided into 5 categories

You must select 8 criteria:

- Choose 7 from any category
- Choose 1 from "*Achieves Outcomes*" category

Accreditation Council for Continuing Medical Education
learn well

Menu of New Criteria for Accreditation with Commendation

Criterion		Rationale	Critical Elements	The Standard
Promotes Team-Based Education				
C23	Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (PCE).	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.	☐ Includes planners from more than one profession (representative of the target audience) AND ☐ Includes faculty from more than one profession (representative of the target audience) AND ☐ Activities are designed to change competence and/ or performance of the healthcare team.	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8
C24	Patient/public representatives are engaged in the planning and delivery of CME.	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.	☐ Includes planners who are patients and/or public representatives AND ☐ Includes faculty who are patients and/or public representatives	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8
C25	Students of the health professions are engaged in the planning and delivery of CME.	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.	☐ Includes planners who are students of the health professions AND ☐ Includes faculty who are students of the health professions	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8

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

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Commendation - Option B (Con't)

- Be sure to read the *Rationale* behind each criteria.

- Many criteria have 2 or more *Critical Elements (*providers must meet all elements for each example provided to be found compliant).

- The *Standard* indicates the # of activity examples that must be provided, based on your Program Size.

- Providers do not need to submit activity files to demonstrate compliance with the new menu; only brief narrative descriptions.

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Guide to the Process for
ISMA Reaccreditation

The Guide provides you with complete instructions.

- Expectations for Materials
- Conducting your Self Study
- Completing your Self Study Report
- Submitting your Self Study Report
- Selection of Activities for Evidence of Performance-in Practice
- Preparation & Submission of Evidence of Performance-in-Practice
- Decision-Making Process

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Some Highlights from the Guide

Submitting your Self Study Report

- Three (3) hard copies of the completed Self Study Report Form in 3-ring binders, including labeled attachments.

- One (1) electronic copy of your Self Study Report Form saved as a single Word document on a USB flash drive.

- The cover of each Self Study Report binder should clearly identify your organization by name and ISMA provider #

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Data Source #2:
Evidence of Performance-in-Practice (PIP)

- Demonstrates the fulfillment of ISMA requirements in your CME activities.

- ISMA requires providers to select **15** activities from their current accreditation term to submit as evidence of PIP for a formal documentation review process.
  - At least 1 activity from each year
  - Examples of each type of activity held (i.e., live course, enduring, jointly-provided, journal-based, RSS, etc.)
  - If applicable, at least 1 activity example for which commercial support was received

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Evidence of Performance-in-Practice (con't)

- The ISMA **Performance-in-Practice Structured Abstract** must accompany each activity file.

- Following the Structured Abstract, you will provide information requested in concise narrative explanations/statements, in tables, and attach supportive documents.

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Performance-in-Practice Structured Abstract

Performance-in-Practice Structured Abstract

- **Of utmost importance**, be sure to list **ALL** individuals in control of content for each activity (planners, speakers, and content reviewers).

- In doing so, you need only provide 1 example of a completed Disclosure Form, used in your process to identify relevant financial relationships. (Attachment #2)

- Be sure to label your attachments for each activity file.

Submitting Evidence of Performance-in-Practice

Hard Copy Format
- Submit evidence for each activity selected in an 8 1/2 X 11 file or pocket folder.
- Affix a label on the front cover of each file folder that specifies:
  - Full name of your organization
  - Activity title
  - Activity date & location
  - Activity type (course, RSS, enduring material, etc.)
  - Directly or jointly provided
  - Commercial support was/was not accepted

Electronic Format
- Save evidence for each activity as a separate PDF file.
- Create a cover page for each activity file (as designated for label above)
- Save all activity files on a single USB flash drive.

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Data Source #3: Accreditation Interview

Purpose

- To ensure complete information about your CME program goes forward for decision-making.

- To seek clarification of any questions surveyors may have regarding the self-study materials submitted to the ISMA.

- To identify additional evidence essential to your review.

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Accreditation Interview

Preparing for the Interview

Consider…….

- Who will best represent your CME program? (Who? How many?)

- What roles/responsibilities will your team members assume during the interview?

- Ensure all team members are familiar with submitted materials and CME practices.

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Accreditation Interview

The Role of the Survey Team

- Your surveyors are your advocates.

- They will seek clarification asking any questions they have regarding your policies and practices, as described in the self-study report and evidence of performance-in-practice.

- They cannot offer consultative advise or feedback regarding compliance or your expected outcome.

- They will represent you at the ISMA Commission on Medical Education meeting and present their findings.

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Accreditation Interview

Format of the Interview

- 90-minute conference call
- ISMA staff will start call and provide overview of process
- Survey Team will introduce themselves
- Provider Team will introduce themselves
- Survey Team will ask questions about CME program and submitted materials as necessary
- Survey Team will summarize a list of additional materials needed, if applicable
- ISMA staff will conclude call

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Accreditation Decisions & Progress Reports

The ISMA Commission on Medical Education meets to render provider accreditation determinations twice a year (June and Nov.)

Providers will receive Accreditation Determination Letters within 30 days of Commission meeting

Accreditation decisions can include 1 of 5 options:

Provisional Accreditation (2-year term for initial applicants)

Accreditation (4-year term)

Accreditation with Commendation (6-year term)

Probation (provider receives 4-year term w/ max of 2 years on Probation)

Non-accreditation (in case of initial applicant, accreditation is not awarded)

Any accreditation decision with a non-compliance finding in C1-13 will include a Progress Report

(with due date of

6 mo. – 1 yr.).

ISMA Reaccreditation Timelines and Provider Milestones

Overview of CME Reaccreditation Timeline & Checklist

Before New Accreditation Decision/Expiration Date	Before Interview Date	After Interview Date
☐ Receive **Notice of Reaccreditation** email from ISMA (10-12 months before accreditation decision/expiration date) ☐ Participate in **Preparing for Accreditation Teleconference,** which will include review of Self Study Report Form and Guide to the Process for ISMA Reaccreditation (7-9 months before accreditation decision/expiration date) ☐ Receive an email from ISMA to **schedule survey** (7-9 months before accreditation decision/expiration date) ☐ Receive an email from ISMA **confirming the survey** (at least 7 months before the interview date)	☐ Submit **Self-Study Report** (2-4 months before accreditation decision/expiration date) ☐ Submit **Performance-in-Practice Structured Abstract** and supportive documents for each activity selected for review (2-4 months before accreditation decision/expiration date)	☐ Submit **additional materials** (if requested by ISMA) ☐ Receive **Accreditation Decision Letter and Accreditation Certificate** by mail (within 30 days of ISMA's Commission on Medical Education Meeting) ☐ Invoiced for **accreditation interview** (within 1-2 months)

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QUESTIONS?