**ISMA DOCUMENTATION REVIEW FORM**



**Y = Y**es,there is evidence that the provider’s practice meets the ISMA accreditation requirement.

**N = N**o, the evidence does **not** demonstrate that the provider’s practice meets the ISMA accreditation requirement.

**ENP** = **E**vidence **N**ot **P**rovided (i.e. the provider included NO evidence in the file to demonstrate compliance with the ISMA accreditation requirement.)

**NA** = **N**ot **A**pplicable and requires an explanation.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Provider #** |  | **Provider Name** |  | | | | |
| **Activity Name** |  | | | | | | |
| **Activity Date** |  | **Activity Type** |  | **Providership (Direct or Joint)** |  | **Commercial Support Received?** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***For THIS ACTIVITY does the provider’s evidence demonstrate that the provider*** | | Y | N | ENP | NA | | Explanations: |
| C2 | …incorporated needs (knowledge, competence, or performance) that underlie a professional practice gap(s) of their own learners? |  |  |  |  | |  |
| C3 | … activity designed to change competence, performance, or patient outcomes (as described in its mission statement)? |  |  |  |  | |  |
| C5 | … activity format was appropriate for the activities’ setting, objectives and desired results? |  |  |  |  | |  |
| C6 | … developed the activity in the context of desirable physician attributes (e.g., IOM competencies, ACGME competencies).? |  |  |  |  | |  |
| C7 Q1 | … made all decisions free of control of commercial interests? (SCS1) |  |  |  |  | |  |
| C7 Q2 | … had disclosure information from all individuals in control of CME content regarding their relevant financial relationships? (SCS2.1) |  |  |  |  | |  |
| C7  Q3 | … mechanism includes all required elements to obtain information about relevant financial relationships (i.e., complete & accurate definitions of an ACCME-defined commercial interest and relevant financial relationship; asked for financial relationships in any amount occurring within the past 12 months? |  |  |  |  | |  |
| C7 Q4 | … disqualified anyone that refused to disclose? (SCS2.2) |  |  |  |  | |  |
| C7 Q5 | … implemented a mechanism(s) to identify and resolve conflicts of interest prior to the activity? (SCS2.3) |  |  |  |  | |  |
| C7 Q6 | … disclosed to learners prior to the activity relevant (or no) financial relationships (with all required information) for all individuals in control of CME content? (SCS6.1, 6,2, 6,4, and 6.5) |  |  |  |  | |  |
| C7 Q7 | … disclosed commercial support for the activity to learners prior to the activity (SCS6.3, 6,4, and 6.5) |  |  |  |  | |  |
| C8 Q1 | … has written agreements that (1) specify terms and conditions ...; (2) are signed …., (3) executed prior to …, (4) for all commercial supporters? (SCS 3.8) |  |  |  |  | |  |
| C8 Q2 | … has documentation detailing the receipt and expenditure of commercial support? (SCS 3.13) |  |  |  |  | |  |
| C 11 | … evaluated changes in learners’ competence **or** performance **or** patient outcomes that resulted from the CME activity? |  |  |  |  | |  |
| Policies | Utilized the appropriate [**Accreditation Statement**](http://www.accme.org/index.cfm/fa/Policy.policy/Policy_id/8dc63928-000d-440f-baa9-5f196eaf56b4.cfm)(s) for the activity. |  |  |  | |  |  |