**SURVEYOR REPORT FORM**

**Questions for 2022 Cohorts**

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| **Provider #** |  | **Provider Name** |  | | | |
| **Survey Chair** |  | | | | **Survey Co-Chair** |  |
| **Survey Date** |  | | | **Seeking** |  | |

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| **MISSION: EXPECTED RESULTS** |

**(Formerly Criterion 1)**

**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.**

* Did the provider's mission statement include expected results articulated in terms of changes in competence, performance, or patient outcomes? (Yes/No)

*Click here to enter text.*

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Mission criterion. (Text box)

*Click here to enter text.*

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| **PROGRAM ANALYSIS** |

**(Formerly Criterion 12)**

**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.**

* Did the provider gather data or information and conduct a program-based analysis on the degree to which its CME mission has been met through the conduct of CME activities/educational interventions? (Yes/No)

*Click here to enter text.*

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Program Analysis criterion. (Text box)

*Click here to enter text.*

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| **PROGRAM IMPROVEMENTS** |

**(Formerly Criterion 13)**

**The provider identifies, plans, and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.**

* Did the provider identify, plan, and implement needed or desired changes in the overall program that are required to improve on its ability to meet the CME mission? (Yes/No)

*Click here to enter text.*

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Program Improvements criterion. (Text box)

*Click here to enter text.*

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| **EDUCATIONAL NEEDS** |

**(Formerly Criterion 2)**

**The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.**

* Does the provider describe its process(es) to identify the professional gaps and the underlying educational needs of its learners? (Yes/No)

*Click here to enter text.*

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Educational Needs criterion. (Text box)

*Click here to enter text.*

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| **DESIGNED TO CHANGE** |

**(Formerly Criterion 3)**

**The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.**

* Did the provider describe that it generates activities that are designed to change competence, performance, or patient outcomes as described in its mission statement? (Yes/No)

*Click here to enter text.*

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Designed to Change criterion. (Text box)

*Click here to enter text.*

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| **APPROPRIATE FORMATS** |

**(Formerly Criterion 5)**

**The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.**

* Did the provider describe that it chooses educational formats appropriate to the setting, objectives, and desired results of its activities? (Yes/No)

*Click here to enter text.*

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Appropriate Formats criterion. (Text box)

*Click here to enter text.*

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| **COMPETENCIES** |

**(Formerly Criterion 6)**

**The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).**

* Did the provider describe that it develops activities in the context of desirable physician attributes? (Yes/No)

*Click here to enter text.*

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Competencies criterion. (Text box)

*Click here to enter text.*

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| **ANALYZES CHANGE** |

**(Formerly Criterion 11)**

**The provider analyzes changes in learners’ (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.**

* Did the provider conduct an analysis of changes achieved in learners’ competence, performance, or in patient outcomes based on data and information from its program’s activities/educational interventions? (Yes/No)

*Click here to enter text.*

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Analyze Change criterion. (Text box)

*Click here to enter text.*

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| **STANDARD 1 – ENSURE CONTENT IS VALID** |

**(Formerly CME Clinical Content Validation Policies and Criterion 10 SCS 5.2)**

**Accredited providers are responsible for ensuring that their education is fair and balanced and that any**

**clinical content presented supports safe, effective patient care.**

1. **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.**

1. **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.**

1. **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.**

1. **Organizations cannot be accredited if they advocate for unscientific approaches to diagnosis or**

**therapy, or if their 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.**

* Did the provider describe that it has processes in place in both the planning and monitoring stage:

1. to ensure all recommendations for patient care in accredited continuing education is based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options;
2. to ensure all scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection, analysis, and interpretation;
3. to facilitate engagement with new and evolving topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning; and,
4. to ensure that the provider does not advocate for unscientific approaches to diagnosis or therapy, and their education does not 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? (Yes/No)

*Click here to enter text.*

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding Standard 1. (Text box)

*Click here to enter text.*

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| **STANDARD 2 – PREVENT COMMERCIAL BIAS & MARKETING IN ACCREDITED CE** |

**(Formerly Criterion 7 [SCS 1] and Criterion 10 [SCS 5.1])**

**Accredited continuing education must protect learners from commercial bias and marketing.**

1. **The accredited provider must ensure that all decisions related to the planning, faculty selection,**

**delivery, and evaluation of accredited education are made without any influence or involvement from**

**the owners and employees of an ineligible company.**

1. **Accredited education must be free of marketing or sales of products or services. Faculty must not**

**actively promote or sell products or services that serve their professional or financial interests during**

**accredited education.**

1. **The accredited provider must not share the names or contact information of learners with**

**any ineligible company or its agents without the explicit consent of the individual learner.**

* Did the provider describe that it has processes and/or procedures in place to ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company? (Yes/No)

*Click here to enter text.*

* Did the provider describe that it has processes and/or procedures in place to ensure that its education is free of marketing or sales of products or services? (Yes/No)

*Click here to enter text.*

* If the provider shares the names or contact information of learners with ineligible companies or their agents, does it have language and mechanism(s) in place to obtain the explicit consent of individual learners? (Yes/No/NA)

*Click here to enter text.*

* If you indicated no to Element 1, Element 2, or Element 3, or the criterion/policy was discussed in the interview, please explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding Standard 2. (Text box)

*Click here to enter text.*

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| **STANDARD 3 – IDENTIFY, MITIGATE & DISCLOSE RELEVENT FINANCIAL RELATIONSHIPS** |

**(Formerly Criterion 7 [SCS 1, 2 &6])**

**Accredited providers must take the following steps when developing accredited continuing education.**

1. **Collect information: Collect information from all planners, faculty, and others in control of**

**educational content about all their 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.**

**Disclosure information must include:**

**a) The name of the ineligible company with which the person has a financial relationship.**

**b) The nature of the 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.**

1. **Exclude owners or employees of ineligible companies: Review the information about**

**financial relationships to identify individuals who are owners or employees of ineligible**

**companies. These individuals must be excluded from controlling content or participating as**

**planners or faculty in accredited education. There are three exceptions to this exclusion—**

**employees of ineligible companies can participate as planners or faculty in these specific**

**situations:**

**a) When the content of the activity is not related to the business lines or products of their employer/company.**

**b) When the content of the accredited activity is limited to basic science research, such as preclinical research and drug discovery, or the methodologies of research, and they do not make**

**care recommendations.**

**c) 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.**

1. **Identify relevant financial relationships: Review the information about financial relationships to**

**determine which relationships are relevant. Financial relationships are relevant if the educational**

**content an individual can control is related to the business lines or products of the ineligible company.**

1. **Mitigate relevant financial relationships: Take steps to prevent all those with relevant financial**

**relationships from inserting commercial bias into content.**

**a) Mitigate relationships prior to the individuals assuming their roles. Take steps appropriate to the**

**role of the individual. For example, steps for planners will likely be different than for faculty and**

**would occur before planning begins.**

**b) Document the steps taken to mitigate relevant financial relationships.**

1. **Disclose all relevant financial relationships to learners: Disclosure to learners must include each**

**of the following:**

**a) The names of the individuals with relevant financial relationships.**

**b) The names of the ineligible companies with which they have relationships.**

**c) The nature of the relationships.**

**d) A statement that all relevant financial relationships have been mitigated.**

**6. Identify ineligible companies by their name only. Disclosure to learners must not include ineligible**

**companies’ corporate or product logos, trade names, or product group messages.**

1. **Disclose absence of relevant financial relationships. Inform learners about planners, faculty, and**

**others in control of content (either individually or as a group) with no relevant financial relationships**

**with ineligible companies.**

1. **Learners must receive disclosure information, in a format that can be verified at the time of**

**accreditation, before engaging with the accredited education.**

* Does the provider describe the mechanism(s) it used during the current term to collect information from all planners, faculty, and all others in control of educational content regarding all of their relevant financial relationships with ineligible companies? (Yes/No)

*Click here to enter text.*

* Did the provider describe how it plans to collect information from all planners, faculty, and all others in control of educational content regarding all of their financial relationships with ineligible companies for activities that will be available to learners or implemented beginning no later than January 1, 2022? (Yes/No)

*Click here to enter text.*

* Does the provider’s examples of each of the form(s) or mechanism(s) that it plans to use to collect information to meet the expectations of Standard 3.1 beginning no later than January 1, 2022 include the following?:
  + the complete definition of an ineligible company
  + the individual completing the form/mechanism is instructed to include ALL financial relationships with ineligible companies for the prior 24 months. (Yes/No)

*Click here to enter text.*

* If the provider uses owners or employees of ineligible companies, do they limit its use of them to the three specific situations permitted by the ACCME as articulated in Standard 3.2 (a-c)? (Yes/No/NA)

*Click here to enter text.*

* Does the provider describe the process it uses to determine which financial relationships are relevant to the educational content? (Yes/No)

*Click here to enter text.*

* Does the provider describe the methods/steps it uses to mitigate all relevant financial relationships appropriate to the role(s) of individuals in control of content? (Yes/No)

*Click here to enter text.*

* Does the provider describe the ways in which it informs learners of the presence or absence of relevant financial relationships of all individuals in control of content*?* (Yes/No)

*Click here to enter text.*

* Does the provider describe what it will do beginning no later than January 1, 2022 to ensure that learners are informed that all relevant financial relationships have been mitigated? (Yes/No)

*Click here to enter text.*

* Does the provider describe what it does to ensure that it does NOT engage in joint providership with ineligible companies. (Yes/No)

*Click here to enter text.*

* If you indicated no to any of the above questions or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. Please identify the question(s) you are addressing in your comments. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding Standard 3. (Text box)

*Click here to enter text.*

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| **STANDARD 4 – MANAGE COMMERCIAL SUPPORT APPROPRIATELY** |

**(Formerly Criterion 8 [SCS 3])**

**Accredited providers that choose to accept commercial support (defined as financial or in-kind support**

**from ineligible companies) are responsible for ensuring that the education remains independent of the**

**ineligible company and that the support does not result in commercial bias or commercial influence in the**

**education. The support does not establish a financial relationship between the ineligible company and**

**planners, faculty, and others in control of content of the education.**

1. **Decision-making and disbursement: The accredited provider must make all decisions regarding the receipt and disbursement of the commercial support.**

**a) Ineligible companies must not pay directly for any of the expenses related to the education or the**

**learners.**

**b) The accredited provider may use commercial support to fund honoraria or travel expenses of**

**planners, faculty, and others in control of content for those roles only.**

**c) The accredited provider must not use commercial support to pay for travel, lodging, honoraria, or**

**personal expenses for individual learners or groups of learners in accredited education.**

**d) The accredited provider may use commercial support to defray or eliminate the cost of the**

**education for all learners.**

1. **Agreement: The terms, conditions, and purposes of the commercial support must be documented in**

**an agreement between the ineligible company and the accredited provider. The agreement must be**

**executed prior to the start of the accredited education. An accredited provider can sign onto an**

**existing 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.**

1. **Accountability: The accredited provider must keep a record of the amount or kind of commercial**

**support received and how it was used, and must produce that accounting, upon request, by the**

**accrediting body or by the ineligible company that provided the commercial support.**

1. **Disclosure to learners: The accredited provider must 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 must not include the ineligible companies’ corporate or product logos, trade names, or product group messages.**

* Does the provider accept commercial support? (Yes/No)

*Click here to enter text.*

* Did the provider describe that it has processes in place to ensure that it:
  1. makes all decisions regarding the receipt and disbursement of the commercial support;
  2. provides documentation of agreements with ineligible companies and execute all agreements prior to the start of the accredited education;
  3. keeps a record of the amount or kind of commercial support received and how it was used, and must produce that accounting, upon request, by the accrediting body or by the ineligible company that provided the commercial support; and,
  4. discloses 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? (Yes/No/NA)

*Click here to enter text.*

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding Standard 4. (Text box)

*Click here to enter text.*

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| **STANDARD 5 – MANAGE ANCILLARY ACTIVITIES** |

**(Formerly Criterion 9 [SCS 4])**

**Accredited providers are responsible for ensuring that education is separate from marketing by ineligible**

**companies—including advertising, sales, exhibits, and promotion—and from nonaccredited education**

**offered in conjunction with accredited continuing education.**

1. **Arrangements to allow ineligible companies to market or exhibit in association with accredited education must not:**

**a) Influence any decisions related to the planning, delivery, and evaluation of the education.**

**b) Interfere with the presentation of the education.**

**c) Be a condition of the provision of financial or in-kind support from ineligible companies for the**

**education.**

1. **The accredited provider must ensure that learners can easily distinguish between accredited education and other activities.**

**a) Live continuing education activities: Marketing, exhibits, and nonaccredited education developed**

**by or with influence from an ineligible company or with planners or faculty with unmitigated**

**financial relationships must not occur in the educational space within 30 minutes before or after**

**an accredited education activity. Activities that are part of the event but are not accredited for**

**continuing education must be clearly labeled and communicated as such.**

**b) Print, online, or digital continuing education activities: Learners must not be presented with**

**marketing while engaged in the accredited education activity. Learners must be able to engage**

**with the accredited education without having to click through, watch, listen to, or be presented**

**with product promotion or product-specific advertisement.**

**c) Educational materials that are part of accredited education (such as slides, abstracts, handouts,**

**evaluation mechanisms, or disclosure information) must not contain any marketing produced by**

**or for an ineligible company, including corporate or product logos, trade names, or product group**

**messages.**

**d) Information distributed about accredited education that does not include educational content,**

**such as schedules and logistical information, may include marketing by or for an ineligible**

**company.**

1. **Ineligible companies may not provide access to, or distribute, accredited education to learners.**

* Did the provider describe that is has processes in place to ensure that:
  1. it does not allow ineligible companies to influence any decisions related to the planning, delivery, and evaluation of the education, interfere with the presentation of the education, or agree to conditions where marketing or exhibits are a provision of financial or in-kind support from ineligible companies for the education;
  2. learners can easily distinguish between accredited education and other activities; and,
  3. ineligible companies may not provide access to, or distribute, accredited education to learners? (Yes/No/NA)

*Click here to enter text.*

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding Standard 5. (Text box)

*Click here to enter text.*

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| **ACCREDITATION STATEMENT POLICY** |

**The accreditation statement must appear on all CME activity materials and brochures distributed by accredited organizations, except that the accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity such as the date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation statement must be included.**

**The ACCME accreditation statement is as follows:**

**For directly provided activities: “The (name of accredited provider) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.”**

**For jointly provided activities: “This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of (name of accredited provider) and (name of nonaccredited provider). The (name of accredited provider) is accredited by the ACCME to provide continuing medical education for physicians.”**

**There is no "co-providership" accreditation statement. If two or more accredited providers are working in collaboration on a CME activity, one provider must take responsibility for the compliance of that activity. Co-provided CME activities should use the directly provided activity statement, naming the one accredited provider that is responsible for the activity. The ACCME has no policy regarding specific ways in which providers may acknowledge the involvement of other ACCME-accredited providers in their CME activities.**

* Does the provider describe how it ensures that its CME activities and CME program meet the requirements of the Accreditation Statement Policy? (Yes/No)

*Click here to enter text.*

* If you indicated no or the criterion/policy was discussed in the interview, please explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Accreditation Statement Policy. (Text box)

*Click here to enter text.*

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| **CME ACTIVITY & ATTENDANCE RECORDS RETENTION** |

**1. Attendance Records: An accredited provider must have mechanisms in place to record and, when authorized by the participating physician, verify participation for six years from the date of the CME activity. The accredited provider is free to choose whatever registration method works best for their organization and learners. The ACCME does not require sign-in sheets.**

**2. Activity Documentation: An accredited provider is required to retain activity files/records of CME activity planning and presentation during the current accreditation term or for the last twelve months, whichever is longer.**

* Did the provider describe and demonstrate, that it has a mechanism in place to record and, when authorized, verify participation of participating physicians for six years after the date of the activity? (Yes/No)

*Click here to enter text.*

* If you indicated no or the criterion/policy was discussed in the interview, please explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the CME Activity and Attendance Records Retention Policy. (Text box)

*Click here to enter text.*

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| **ACCREDITATION RECOMMENDATION – FOR COMMISSION USE ONLY** |

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|  | ❒ | Accreditation with Commendation | ❒ | | Accreditation | | ❒ | | Provisional | | ❒ | Probation | ❒ | Non-Accreditation |  |
|  |  | | | | | | |
| Progress Reports are required for any Non-compliance finding for the Core Criteria | | | | 🔾 | | Progress Report Required | | | | The ISMA’s standard practice is for Progress Reports to be due in 1 year from the date of the accreditation decision. | | | | | | |

**ACCREDITATION WITH COMMENDATION**

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| **ENGAGES TEAMS** |

**(Formerly Criterion 23)**

**Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE). (formerly Criterion 23)**

* Did the provider attest that it has met the Critical Elements for ENGAGES TEAMSin at least 10% of the CME activities (but no less than two activities) during the accreditation term based on its program size? (Yes/No)

*Click here to enter text.*

* Did the provider submit evidence for the correct number of activities for their term? S:2; M:4; L:6; XL:8 (Yes/No)

*Click here to enter text.*

* In the evidence provided, did the provider show they met the critical elements?

*Click here to enter text.*

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| **Activity Title** | **Planners from more than one profession.** | **Faculty from more than one profession.** | **Designed to change competence and/or performance of team.** | **Comments** |
| **Enter Title** | **(Yes/No)** | **(Yes/No)** | **(Yes/No)** | **Enter Text** |
| **Enter Title** | **(Yes/No)** | **(Yes/No)** | **(Yes/No)** | **Enter Text** |
| **Enter Title** | **(Yes/No)** | **(Yes/No)** | **(Yes/No)** | **Enter Text** |

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Engages Teams criterion. (Text box)

*Click here to enter text.*

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| **ENGAGES PATIENTS/PUBLIC** |

**(Formerly Criterion 24)**

**Patient/public representatives are engaged in the planning and delivery of CME.(formerly Criterion 24)**

* Did the provider attest that it has met the critical elements for *ENGAGES PATIENTS/PUBLIC* in at least 10% of the CME activities (but no less than two) during the term based on its program size? (Yes/No)

*Click here to enter text.*

* Did the provider submit evidence for the correct number of activities? S:2; M:4; L:6; XL:8 (Yes/No)

*Click here to enter text.*

* In the evidence provided, did the provider show they met the critical elements?

*Click here to enter text.*

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| **Activity Title** | **Included patients/public representatives as PLANNERS.** | **Included patient/public representatives as FACULTY.** | **Comments** |
| **Enter Title** | **(Yes/No)** | **(Yes/No)** | **Enter Text** |
| **Enter Title** | **(Yes/No)** | **(Yes/No)** | **Enter Text** |
| **Enter Title** | **(Yes/No)** | **(Yes/No)** | **Enter Text** |
| **Enter Title** | **(Yes/No)** | **(Yes/No)** | **Enter Text** |

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Engages Patients/Public criterion. (Text box)

*Click here to enter text.*

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| **ENGAGES STUDENTS** |

**(Formerly Criterion 25)**

**Students of the health professions are engaged in the planning and delivery of CME. (formerly Criterion 25)**

* Did the provider attest that it has met the Critical Elements for ENGAGES STUDENTS in at least 10% of the CME activities (but no less than 2 activities) during the term based on its program size? (Yes/No)

*Click here to enter text.*

* Did the provider submit evidence for the correct number of activities? S:2; M:4; L:6; XL:8 (Yes/No)

*Click here to enter text.*

* In the evidence provided, did the provider show they met the critical elements?

*Click here to enter text.*

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| **Activity Title** | **Included students of health professions as PLANNERS.** | **Included students of health professions as FACULTY.** | **Comments** |
| **Enter Title** | **(Yes/No)** | **(Yes/No)** | **Enter Text** |
| **Enter Title** | **(Yes/No)** | **(Yes/No)** | **Enter Text** |
| **Enter Title** | **(Yes/No)** | **(Yes/No)** | **Enter Text** |

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Engages Students criterion. (Text box)

*Click here to enter text.*

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| **ADVANCES DATA USE** |

**(Formerly Criterion 26)**

**The provider advances the use of health and practice data for healthcare improvement. (formerly Criterion 26)**

* Did the provider submit evidence for the correct number of activities for their term? S:2; M:4; L:6; XL:8 (Yes/No)

*Click here to enter text.*

* In the evidence provided, did the provider show they met the critical elements?

*Click here to enter text.*

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Title | Teaches about collection, analysis, or synthesis of health/practice data. | Uses health/practice data to teach about healthcare improvement. | Comments |
| **Enter Title** | **(Yes/No)** | **(Yes/No)** | **Enter Text** |
| **Enter Title** | **(Yes/No)** | **(Yes/No)** | **Enter Text** |

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Advances Data Use criterion. (Text box)

*Click here to enter text.*

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| **ADDRESSES POPULATION HEALTH** |

**(Formerly Criterion 27)**

**The provider addresses factors beyond clinical care that affect the health of populations. (formerly Criterion 27)**

* Did the provider attest that it has met the Critical Elements for ADDRESSES POPULATION HEALTH in at least 10% of the CME activities (but no less than two activities) during the term based on its program size? (Yes/No)

*Click here to enter text.*

* Did the provider submit evidence for the correct number of activities? S:2; M:4; L:6; XL:8 (Yes/No)

*Click here to enter text.*

* In the evidence provided, did the provider show they met the critical elements:

*Click here to enter text.*

|  |  |  |
| --- | --- | --- |
| Activity Title | Teaches strategies to improve population health. | Comments |
| **Enter Title** | **(Yes/No)** | **Enter Text** |
| **Enter Title** | **(Yes/No)** | **Enter Text** |
| **Enter Title** | **(Yes/No)** | **Enter Text** |

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Addresses Population Health criterion. (Text box)

*Click here to enter text.*

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| **COLLABORATES EFFECTIVELY** |

**(Formerly Criterion 28)**

**The provider collaborates with other organizations to more effectively address population health issues.(formerly Criterion 28)**

* In the evidence provided, did the provider show they met the critical elements?

*Click here to enter text.*

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| --- | --- | --- | --- |
| **Collaboration** | **Created/continued collaborations with one or more healthcare or**  **community organizations.** | **Collaborations augment the provider’s ability to address population health issues.** | **Comments** |
| Example 1 | **(Yes/No)** | **(Yes/No)** | **Enter Text** |
| Example 2 | **(Yes/No)** | **(Yes/No)** | **Enter Text** |
| Example 3 | **(Yes/No)** | **(Yes/No)** | **Enter Text** |
| Example 4 | **(Yes/No)** | **(Yes/No)** | **Enter Text** |

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Collaborates Effectively criterion. (Text box)

*Click here to enter text.*

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| **OPTIMIZES COMMUNICATION SKILLS** |

**(Formerly Criterion 29­­­­)**

**The provider designs CME to optimize communication skills of learners. (formerly Criterion 29)**

* Did the provider submit evidence for the correct number of activities for their term? S:2; M:4; L:6; XL:8 (Yes/No)

*Click here to enter text.*

* In the evidence provided, did the provider show they met the critical elements?

*Click here to enter text.*

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| --- | --- | --- | --- | --- |
| Activity Title | Provided CME | Included evaluation | Provided formative feedback | Comments |
| **Enter Title** | **(Yes/No)** | **(Yes/No)** | **(Yes/No)** | **Enter Text** |
| **Enter Title** | **(Yes/No)** | **(Yes/No)** | **(Yes/No)** | **Enter Text** |
| **Enter Title** | **(Yes/No)** | **(Yes/No)** | **(Yes/No)** | **Enter Text** |

* If you indicated no or the criterion/policy was discussed in the interview, please explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Optimizes Communication Skills criterion. (Text box)

*Click here to enter text.*

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| **OPTIMIZES TECHNICAL/PROCEDURAL SKILLS** |

**(Formerly Criterion 30)**

**The provider designs CME to optimize technical and procedural skills of learners.(formerly Criterion 30)**

* Did the provider submit the correct number of activities for its program size? S:2; M:4; L:6; XL:8 (Yes/No)

*Click here to enter text.*

* In the evidence provided, did the provider show they met the critical elements?

*Click here to enter text.*

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| --- | --- | --- | --- | --- |
| Activity Title | Provided CME | Included evaluation | Provided formative feedback | Comments |
| **Enter Title** | **(Yes/No)** | **(Yes/No)** | **(Yes/No)** | **Enter Text** |
| **Enter Title** | **(Yes/No)** | **(Yes/No)** | **(Yes/No)** | **Enter Text** |
| **Enter Title** | **(Yes/No)** | **(Yes/No)** | **(Yes/No)** | **Enter Text** |

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Optimizes Technical/Procedural Skills criterion. (Text box)

*Click here to enter text.*

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| **CREATES INDIVIDUALIZED LEARNING PLANS** |

**(Formerly Criterion 31)**

**The provider creates individualized learning plans for learners.(formerly Criterion 31)**

* In the evidence submitted, did the provider track the learner’s repeated engagement with a longitudinal curriculum/plan over weeks or months? (Yes/No)

*Click here to enter text.*

* In the evidence submitted, did the provider provide individualized feedback to the learner to close practice gaps? (Yes/No)

*Click here to enter text.*

* Did the provider submit evidence of individualized feedback for the required number of learners based on the size of its CME program for their term? S:25; M:75; L:125; XL:200 (Yes/No)

*Click here to enter text.*

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Creates Individualized Learning Plans criterion. (Text box)

*Click here to enter text.*

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| **UTILIZES SUPPORT STRATEGIES** |

**(Formerly Criterion 32)**

**The provider utilizes support strategies to enhance change as an adjunct to its CME.**

* Did the provider attest that it has met the Critical Elements for UTILIZES SUPPORT STRATEGIES in at least 10% of the CME activities (but no less than two activities) during the term based on its program size? (Yes/No)

*Click here to enter text.*

* Did the provider submit evidence for the correct number of activities for their term? S:2; M:4; L:6; XL:8 (Yes/No)

*Click here to enter text.*

* In the evidence provided, did the provider show they met the critical elements?

*Click here to enter text.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Title** | **Utilized support strategies** | **Conducted an analysis and planned improvements** | **Comments** |
| **Enter Title** | **(Yes/No)** | **(Yes/No)** | **Enter Text** |
| **Enter Title** | **(Yes/No)** | **(Yes/No)** | **Enter Text** |
| **Enter Title** | **(Yes/No)** | **(Yes/No)** | **Enter Text** |

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Utilizes Support Strategies criterion. (Text box)

*Click here to enter text.*

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| **ENGAGES IN RESEARCH/SCHOLARSHIP** |

**(Formerly Criterion 33)**

**The provider engages in CME research and scholarship.**

* In the evidence submitted, did the provider conduct scholarly pursuit relevant to CME? (Yes/No)

*Click here to enter text.*

* In the evidence submitted, did the provider submit, present, or publishe a poster, abstract, or manuscript to or in a peer-reviewed forum? (Yes/No)

*Click here to enter text.*

* In the evidence submitted, did the provider meet the Standard?

*Click here to enter text.*

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Engages In Research/Scholarship criterion. (Text box)

*Click here to enter text.*

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| **SUPPORTS CPD FOR CME TEAM** |

**(Formerly Criterion 34)**

**The provider supports the continuous professional development of its CME team.**

* In the evidence submitted, did the provider create a CME-related continuous professional development plan for all members of its CME team? (Yes/No)

*Click here to enter text.*

* In the evidence submitted, did the provider create a learning plan based on needs assessment of the team? (Yes/No)

*Click here to enter text.*

* In the evidence submitted, did the provider learning plan includes some activities external to the provider? (Yes/No)

*Click here to enter text.*

* In the evidence submitted, did the provider dedicate time and resources for the CME team to engage in the plan? (Yes/No)

*Click here to enter text.*

* Did the provider implement the plan for the CME team during the accreditation term? (Yes/No)

*Click here to enter text.*

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Supports CPD For CME Team criterion. (Text box)

*Click here to enter text.*

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| **DEMONSTRATES CREATIVITY/INNOVATION** |

**(Formerly Criterion 35)**

**The provider demonstrates creativity and innovation in the evolution of its CME program.**

* Did the provider submit descriptions of four examples during the accreditation term? (Yes/No)

*Click here to enter text.*

* In the evidence provided, did the provider show they met the critical elements?

*Click here to enter text.*

|  |  |  |  |
| --- | --- | --- | --- |
| Example | Implemented an innovation that is new for the CME program. | The innovation contributed to the provider’s ability to meet its mission. | Comments |
| Example 1 | **(Yes/No)** | **(Yes/No)** | **Enter Text** |
| Example 2 | **(Yes/No)** | **(Yes/No)** | **Enter Text** |
| Example 3 | **(Yes/No)** | **(Yes/No)** | **Enter Text** |
| Example 4 | **(Yes/No)** | **(Yes/No)** | **Enter Text** |

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Demonstrates Creativity/Innovation criterion. (Text box)

*Click here to enter text.*

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| **IMPROVES PERFORMANCE** |

**(Formerly Criterion 36)**

**The provider demonstrates improvement in the performance of learners.**

* Did the provider attest that at least 10% of the organization's activities improved the performance of its learners? (Yes/No)

*Click here to enter text.*

* In the evidence provided, did the provider show they met the critical elements?

*Click here to enter text.*

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| --- | --- | --- | --- | --- |
| Activity Title | Measured changes in performance. | Described method(s) used to measure performance change | Demonstrated that the majority of learners improved | Comments |
| Example 1 |  |  |  |  |
| Example 2 |  |  |  |  |
| Example 3 |  |  |  |  |

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Improves Performance criterion. (Text box)

*Click here to enter text.*

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| **IMPROVES HEALTHCARE QUALITY** |

**(Formerly Criterion 37)**

**The provider demonstrates healthcare quality improvement.**

* Did the provider demonstrate healthcare quality improvement related to the CME program at least twice during the accreditation term? (Yes/No)

*Click here to enter text.*

* In the evidence provided, did the provider show they met the critical elements?

*Click here to enter text.*

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| --- | --- | --- | --- |
| Example | Collaborated in the process of healthcare quality improvement. | Demonstrated improvement in healthcare quality. | Comments |
| Example 1 | **(Yes/No)** | **(Yes/No)** | **Enter Text** |
| Example 2 | **(Yes/No)** | **(Yes/No)** | **Enter Text** |

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Improves Healthcare Quality criterion. (Text box)

*Click here to enter text.*

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| **IMPROVES PATIENT/COMMUNITY HEALTH** |

**(Formerly Criterion 38)**

**The provider demonstrates the impact of the CME program on patients or their communities.**

* Did the provider submit two examples that demonstrated improvement in patient or community health in areas related to the CME program at least twice during the accreditation term? (Yes/No)

*Click here to enter text.*

* In the evidence submitted, did the provider meet the critical elements?

*Click here to enter text.*

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| --- | --- | --- | --- |
| Example | Collaborated in improving patient/community health. | Demonstrated improvement in patient/community outcomes. | Comments |
| Example 1 | **(Yes/No)** | **(Yes/No)** | **Enter Text** |
| Example 2 | **(Yes/No)** | **(Yes/No)** | **Enter Text** |

* If you indicated no or the criterion/policy was discussed in the interview, explain why and/or describe the discussion. (Text Box)

*Click here to enter text.*

* Describe additional materials, if any, that should be requested related to the Self-Study Report regarding the Improves Patient/Community Health criterion. (Text box)

*Click here to enter text.*

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| **ACCREDITATION RECOMMENDATION – FOR COMMISSION USE ONLY** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ❒ | Accreditation with Commendation | ❒ | | Accreditation | | ❒ | | Provisional | | ❒ | Probation | ❒ | Non-Accreditation |  |
|  |  | | | | | | |
| Progress Reports are required for any Non-compliance finding for the Core Criteria | | | | 🔾 | | Progress Report Required | | | | The ISMA’s standard practice is for Progress Reports to be due in 1 year from the date of the accreditation decision. | | | | | | |