



ISMA

INDIANA
STATE
MEDICAL
ASSOCIATION

Setting the Stage

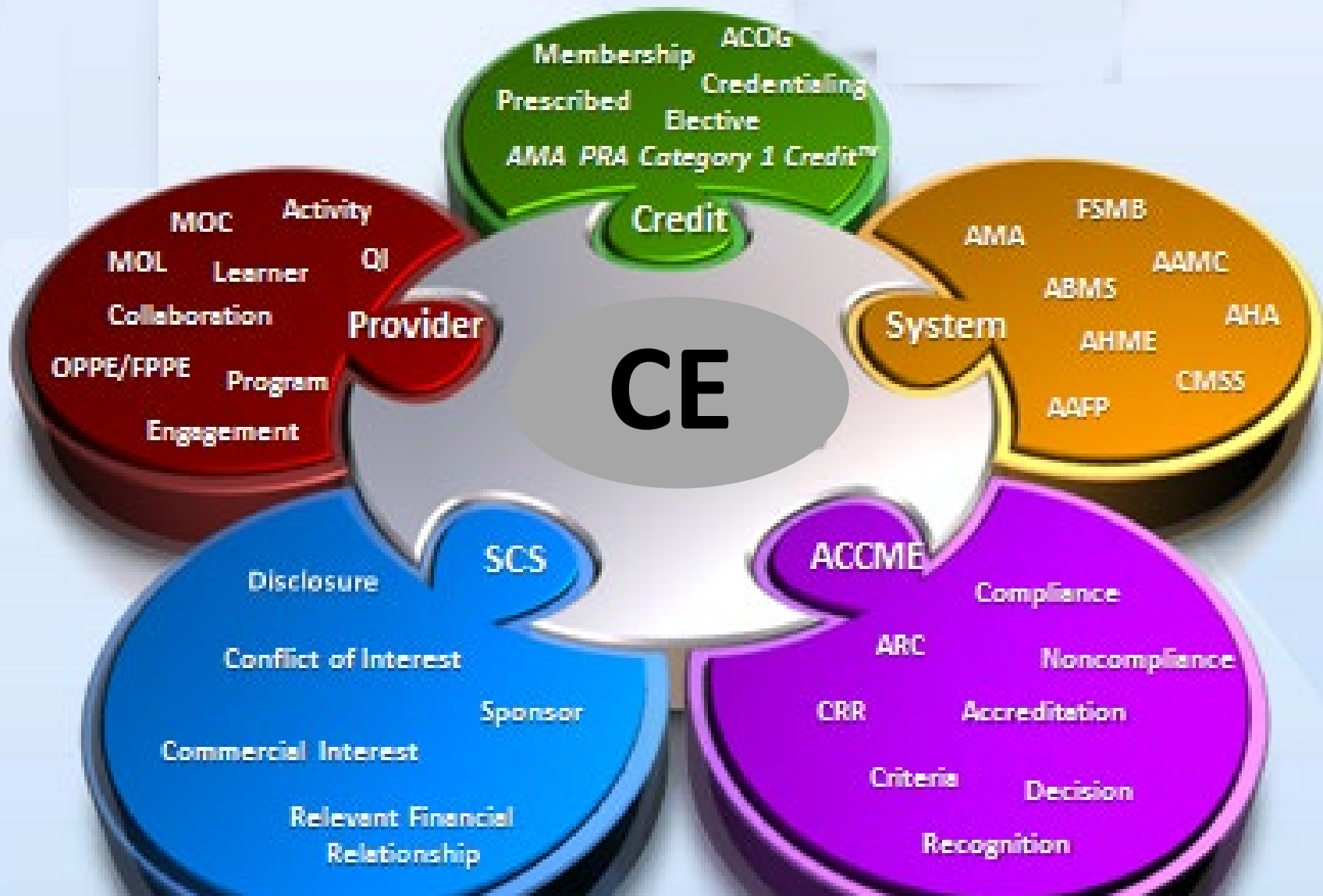
An Overview of CME

WELCOME!!



Acronyms

- BF
- BFF
- J4F
- FWIW
- HRU
- ICYMI
- IDC
- IKR
- IMHO
- NVM
- IC
- GR8
- LMK
- PLS
- WB
- SOL
- STBY
- TBH
- BRB
- BTW



Accreditation Council for Continuing Medical Education (ACCME®) and American Medical Association (AMA) Glossary of Terms and Definitions

ACCME Recognized Accreditors

State and territory medical societies recognized by the ACCME as accreditors of intrastate CME providers. To achieve recognition, a state or territory medical society must meet the ACCME requirements, the [Markers of Equivalency](#).

Accreditor

An organization that sets and enforces the standards for CME provider organizations and/or activities through review and approval of organizations/activities, and monitors and enforces guidelines for these organizations/activities.

Accreditation

The framework by which a program of CME is assessed to determine whether the program meets the accreditor's requirements. See also "Accredited CME provider."

Accreditation criteria

The requirements against which CME providers' compliance is determined in order to achieve or maintain accreditation.

Accreditation decision

The decisions made by an accreditor concerning the accreditation status of CME providers. In the ACCME System, there are five options for accreditation status: Provisional Accreditation, Accreditation, Accreditation with Commendation, Probation, and Nonaccreditation.

Accreditation interview

A step in the accreditation and reaccreditation process. In the ACCME System, volunteer surveyors review the CME provider's self-study report and performance-in-practice files, and then meets with the provider for the interview portion of the reaccreditation process. The purpose of the interview is for the provider to explain how the CME program fulfills accreditation requirements, and to discuss its strengths, accomplishments, and challenges.

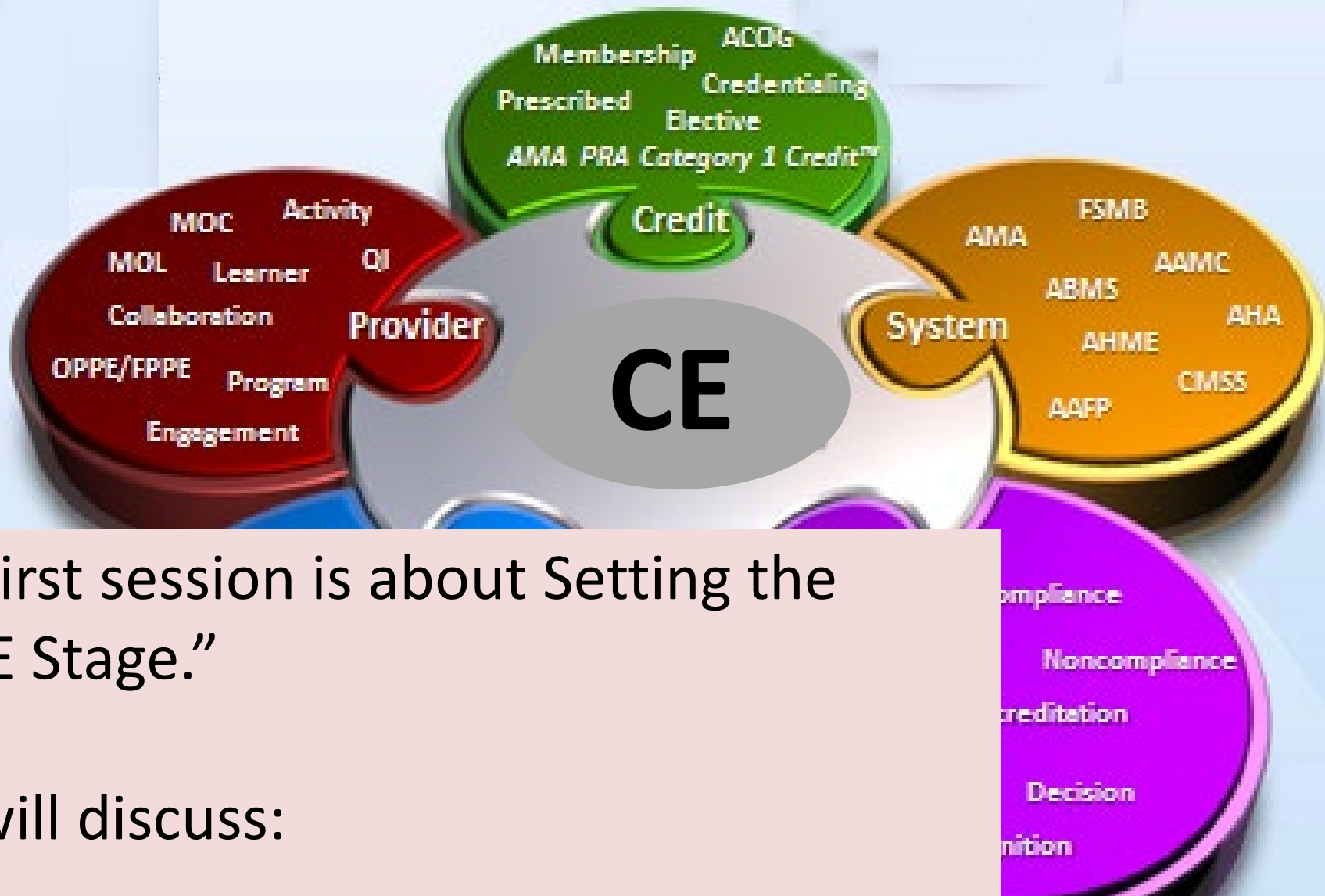
Accreditation Review Committee (ARC)

The ACCME volunteer committee that reviews and analyzes the materials submitted by CME providers and surveyors to determine providers' compliance with the ACCME Accreditation Criteria and policies. Based on this review, the ARC makes recommendations about accreditation decisions to the ACCME Decision Committee.

Accreditation statement

The standard statement that must appear on all CME activity materials and brochures distributed by ACCME-accredited providers. There are two variations of the statement; one for directly provided activities and one for jointly provided activities.





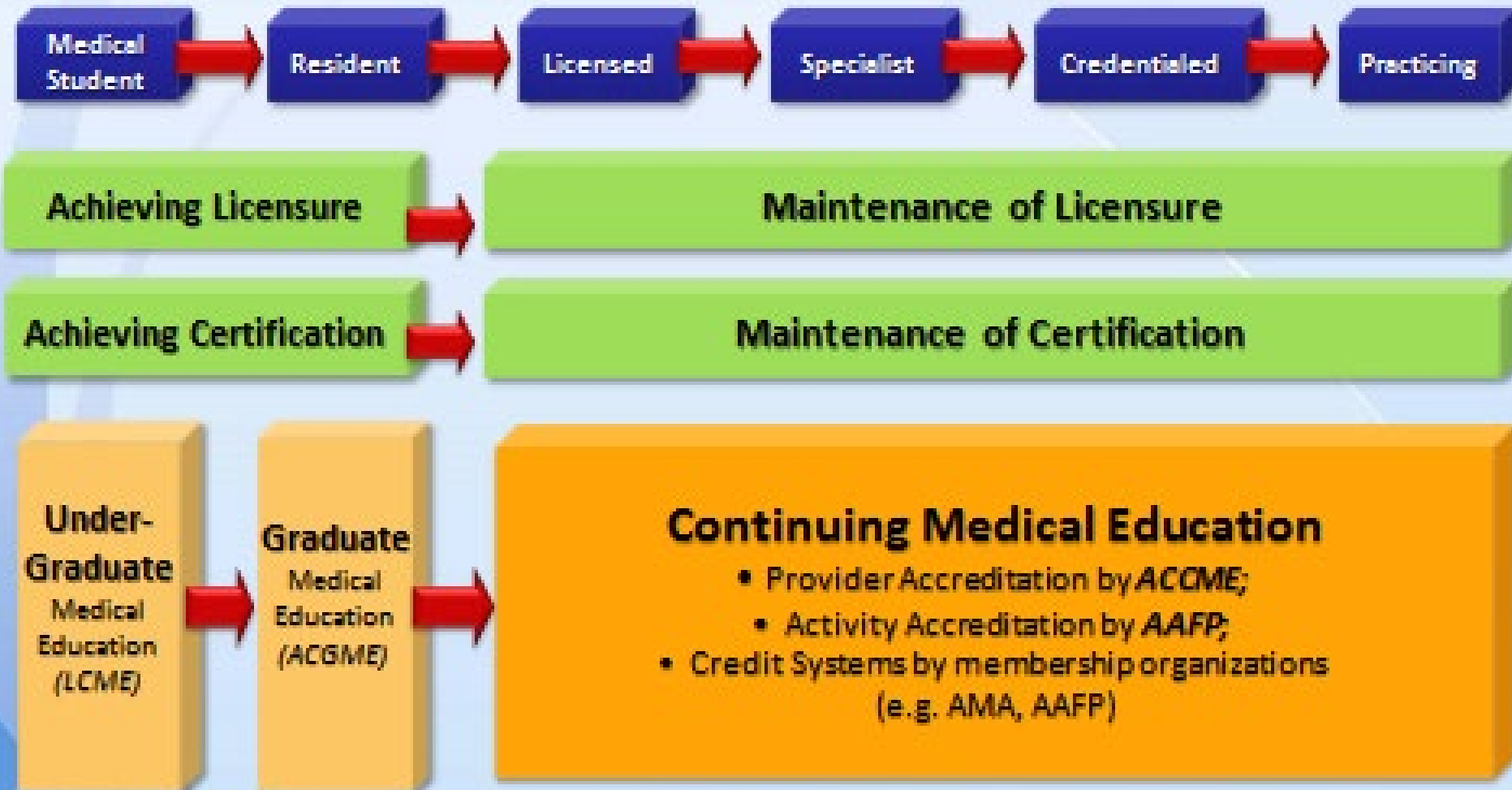
The first session is about Setting the “CME Stage.”

We will discuss:

1. What continuing education (CE) is;
2. Why & When physicians need CE.

Where and When is CE?

A Lifetime of Physician Professional Development



What is CE?

Key Terms:

Accredited continuing education (CE) promotes a lifelong learning mindset of continuous professional development to gain new knowledge and skills.

Continuing professional development (CPD): includes all activities that any health professional undertakes, formally and informally, including CE.

What is CE?



What is CE?

Definition of CME:

CME consists of educational activities which serve to maintain, update, develop, and enhance their knowledge, skills, and attitudes in response to the needs of their patients, the public or the profession.

The content of CME is the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine and the provision of health care to the public.

What is CE?

Certified CME is defined as:

Nonpromotional learning activities certified for credit prior to the activity by an organization authorized by the credit system owner, or for which the credit system owner (AMA) directly awards credit.

Accredited CME providers may certify nonclinical subjects (e.g., office management, patient-physician communications, faculty development) for AMA PRA Category 1 Credit™ as long as these are appropriate to a physician audience and benefit the profession, patient care or public health.



CME Presented by Providers Accredited in the ACCME System

Table 1. Size of the CME Enterprise—2019

**Total
providers =1,724**

	Activities	Hours of instruction	Physician interactions¹	Other learner interactions¹
Courses	92,762	550,457	1,979,757	2,290,704
Regularly scheduled series	24,958	551,374	5,191,946	2,418,242
Internet (live)	6,091	17,153	94,636	331,846
Test-item writing	98	875	1,831	273
Committee learning	421	1,607	7,243	5,382
Performance improvement	596	10,640	57,405	7,456
Internet searching and learning ²	64	1,429	2,083,469	6,213
Internet enduring materials	49,431	118,415	5,647,199	13,579,407
Enduring materials (other)	8,515	39,013	1,088,030	794,872
Learning from teaching	86	1,051	5,232	3,657
Journal CME	5,429	10,727	1,077,529	243,714
Manuscript review	132	2,011	70,409	2,731
Other	409	4,416	14,109	11,924
Grand total 2019³	1,724	188,992	17,318,795	19,696,421

When....and How?



asynchronous:

Non-live Activities or “Enduring”

- On-Demand Internet Journal Activities
- Recorded Video & Audio
- Case Studies & Narrative



synchronous:

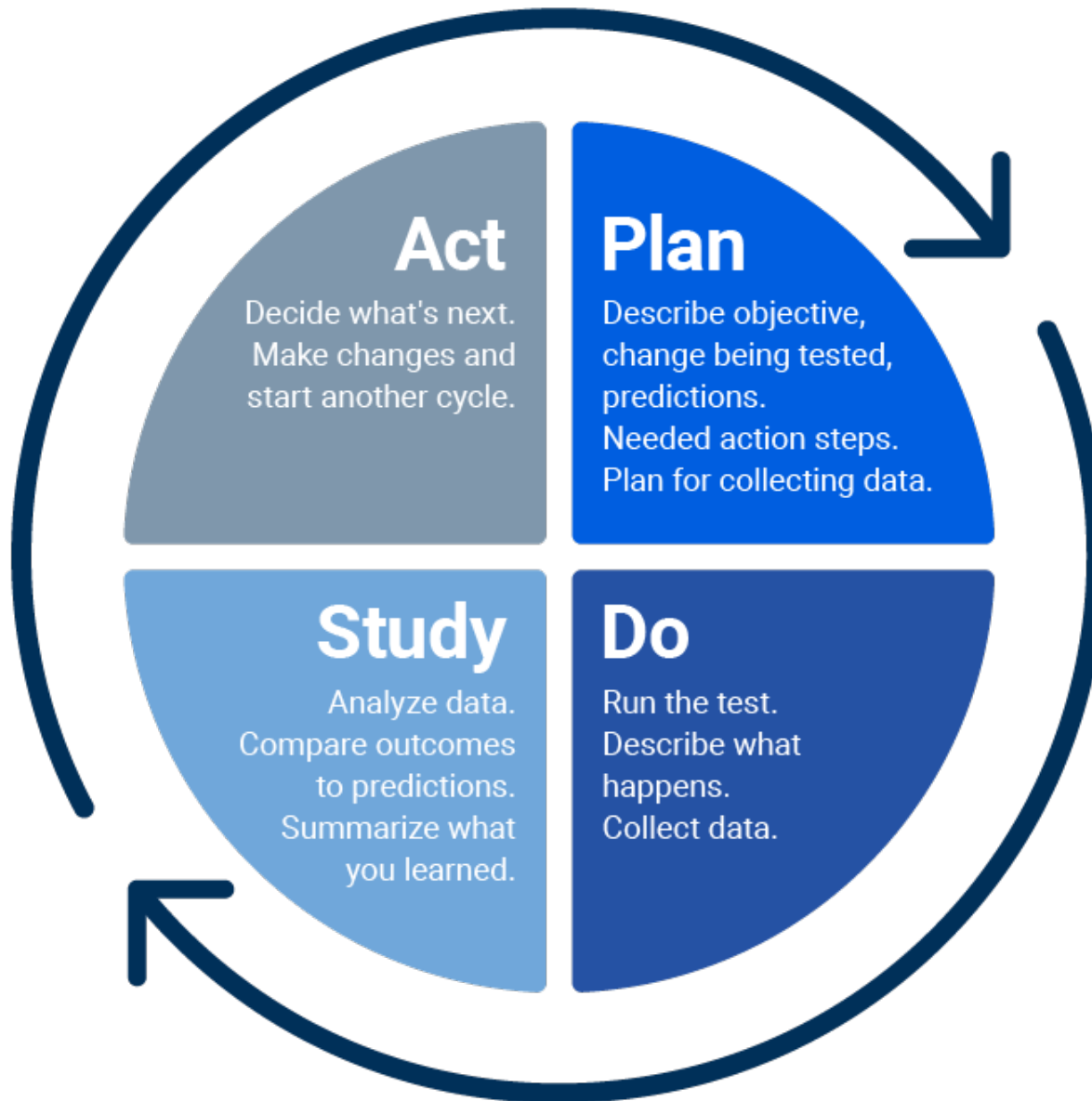
Live Activities:

- In Person Course
- Small Group Discussions
- Simulation & Training
- Committee Work
- Webcast & Video Conferencing

What do you want to change?



What is CE?



Professional Practice Gap

The process begins with addressing a question in practice for your learners,



“What’s the practice-based problem we want to address?”

Professional Practice Gap

- Surveys
- Case-based Questions or assessment.
- New Published Standards
- Research Insights from a National Perspective about Practice Gaps and ask, **“Do my learners share these gaps?”**



Who is involved in the planning?

1. The Accredited Provider
2. Accredited Provider
+ Nonaccredited Organization
= Joint Providership
 - ✓ *the accredited provider is responsible for compliance!*
3. More than one Accredited Provider
 - ✓ *one provider must take responsibility for compliance*

Why do physicians need CME?

Where and When is CE?

A Lifetime of Physician Professional Development



Next Up....

Introduction to the History and Role of Accredited CE

What does it all mean?

What Does It Mean to Be Accredited in the ACCME System?

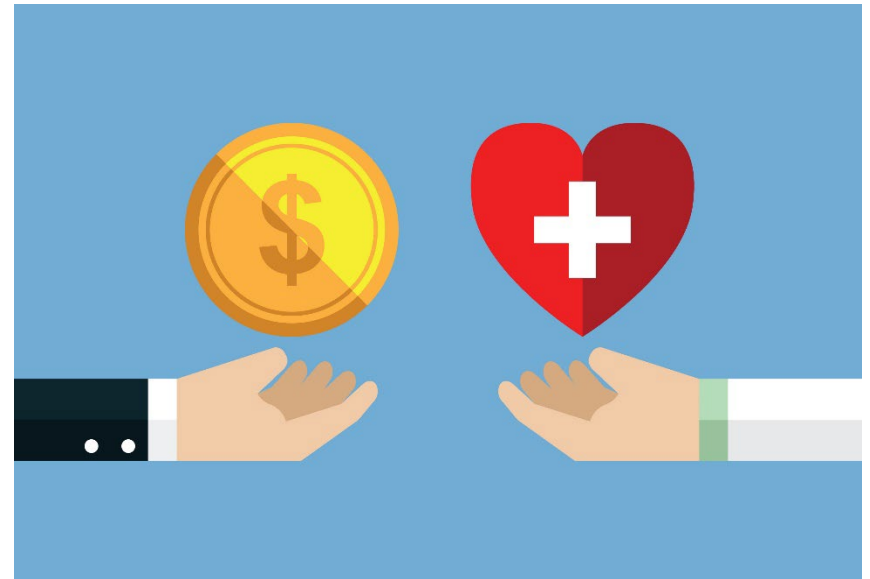
Most state legislatures implemented mandatory requirements for physicians to participate in CME for re-licensure.

States that do not: Colorado, Montana, New York, South Dakota, Vermont.

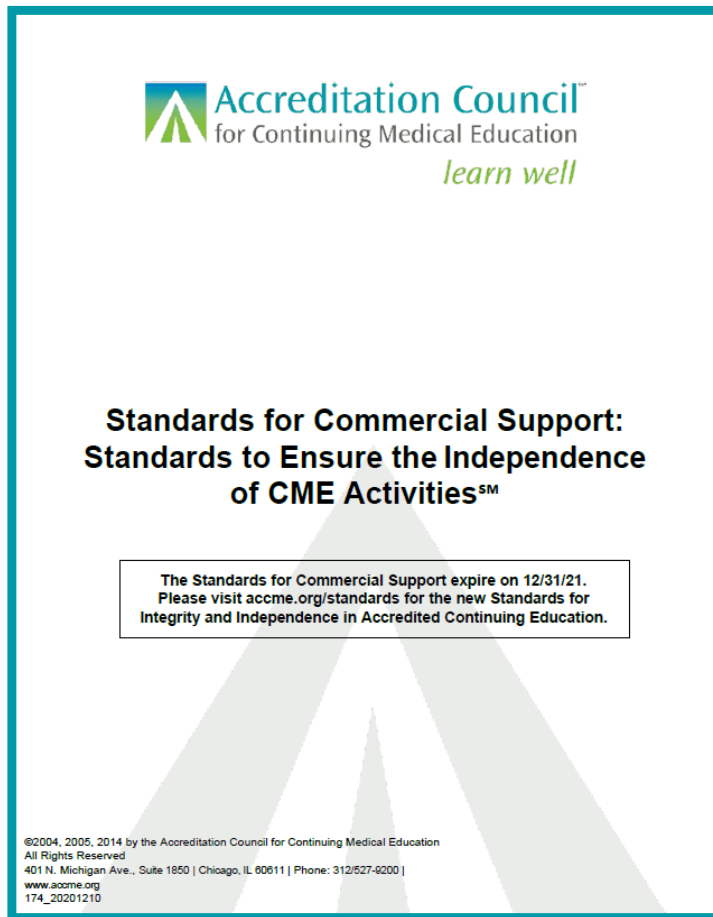
Why does it matter?

In 1973, Senator Edward Kennedy led hearings to explore the economics of the pharmaceutical industry's development, promotion, and pricing of new medicines.

These hearings and continued efforts in the 1970s and 1980s helped to define expectations and boundaries between medicine and industry.



Why does it matter?



In the 1990s, Senator Kennedy's advocacy for standard approaches to ensure the independence of CME from commercial interests was the impetus for ACCME's Standards for Commercial Support.

Who decided?

In 1981, the **Accreditation Council for Continuing Medical Education (ACCME)** was created by seven member organizations:

- The American Board of Medical Specialties (ABMS)
- American Hospital Association (AHA)
- American Medical Association (AMA)
- Association for Hospital Medical Education (AHME)
- Association of American Medical Colleges (AAMC)
- Council of Medical Specialty Societies (CMSS)
- Federation of State Medical Boards of the U.S. (FSMB)



What is the goal?

The **ACCME** succeeded the Liaison Committee for Continuing Medical Education and the American Medical Association's Committee on Accreditation of Continuing Medical Education

They were charged with creating a **unified national accreditation system** . The ACCME's purpose was to institute a **voluntary, self-regulatory process** for the accreditation of institutions that provide continuing medical education and to **develop rigorous standards** to **ensure the quality and independence** of CME across the country.

What was the outcome?



The **ACCME** accredits organizations that provide continuing medical education to physicians and oversees accreditation requirements which help organizations deliver effective education that accelerates learning, change, and improvements in healthcare.



What was the outcome?



The purpose of accreditation is to provide a framework for quality continuing medical education.

Accredited organizations are responsible for demonstrating that they meet requirements for delivering independent CME which accelerates learning, change, and improvement in healthcare professionals and in turn improves overall healthcare quality, value, and patient outcomes.



Where does ISMA fit in?

Since 1849, ISMA has educated physicians about scientific and clinical developments in medicine.



Regulatory Organizations

The Federation of State Medical Boards (FSMB)

Most state medical boards require physicians to participate in accredited CME to maintain their license to practice.

The **Federation of State Medical Boards (FSMB)** represents and supports these local organizations throughout the US and its territories.



Regulatory Organizations

American Board of Medical Specialties (ABMS)

American Board of Allergy and Immunology
American Board of Anesthesiology
American Board of Colon and Rectal Surgery
American Board of Dermatology
American Board of Emergency Medicine
American Board of Family Medicine
American Board of Internal Medicine
American Board of Medical Genetics and Genomics
American Board of Neurological Surgery
American Board of Nuclear Medicine

American Board of Obstetrics and Gynecology
American Board of Ophthalmology
American Board of Orthopaedic Surgery
American Board of Otolaryngology – Head and Neck Surgery
American Board of Pathology
American Board of Pediatrics
American Board of Physical Medicine and Rehabilitation
American Board of Plastic Surgery
American Board of Preventive Medicine
American Board of Psychiatry and Neurology
American Board of Radiology
American Board of Surgery
American Board of Thoracic Surgery
American Board of Urology



**American Board
of Medical Specialties**

Higher standards. Better care.®

Regulatory Organizations

Hospital Accreditation Organizations

- The Joint Commission
- Healthcare Facilities Accreditation Program (HFAP)
- Det Norske Veritas (DNV)
- Center for Improvement in Healthcare Quality (CIHQ).

Regulatory Organizations

American Medical Association (AMA)
American Academy of Allergy Asthma & Immunology
American Academy of Child & Adolescent Psychiatry
American Academy of Dermatology
American Academy of Family Physicians
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Orthopaedic Surgeons
American Academy of Pain Medicine
American Academy of Pediatrics
American Academy of Physical Medicine & Rehabilitation
American Association of Clinical Endocrinologists
American Association of Colleges of Osteopathic Medicine
American Association of Electrodiagnostic Medicine
American Association of Neurological Surgeons



Regulatory Organizations

American Society for Bariatric Surgery
American Society for Dermatologic Surgery
American Society for Gastrointestinal Endoscopy
American Society for Therapeutic Radiology and Oncology
American Society of Addiction Medicine
American Society of Anesthesiologists
American Society of Cataract and Refractive Surgery
American Society of Clinical Oncology
American Society of Internal Medicine
American Society of Ophthalmic Plastic and Reconstructive Surgery
American Society of Plastic and Reconstructive Surgeons

Healthcare Institutions

CURRENT INDIANA ACCREDITED CME PROVIDERS

1. Alivio Medical Center
2. Baptist Health Floyd
3. Beacon Health System
4. Columbus Regional Hospital
5. Community Healthcare System (Munster)
6. Community Health Network (Indianapolis)
7. Deaconess Hospital
8. Ft. Wayne Medical Education Program
9. Franciscan Health
10. Goshen Hospital
11. Indiana Academy of Ophthalmology
12. Indiana Association of Pathologists
13. Indiana Department of Health
14. Methodist Hospitals (South Bend)
15. Northern Indiana Education Foundation
16. Northwest Health Porter
17. Parkview Hospital
18. Reid Hospital & Health Care Services
19. Riverview Hospital
20. St. Joseph Health System – Mishawaka
21. St. Vincent Hospital (Indianapolis)
22. Suburban Health Organization
23. Union Hospital



Next Up....



The ACCME Accreditation Requirements

Core Accreditation Criteria

CME Mission and Program Improvement:

Mission

Program Analysis (formerly C12)

Program Improvements (formerly C13)

Educational Planning and Evaluation

Educational Needs

Design to Change

Appropriate Formats

Competencies

Analyzes Change (formerly Criterion 11)

CME Mission and Program Improvement



Mission

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)



CME Mission and Program Improvement

ACCME Note

The ACCME asks the accredited provider to craft a CME mission statement that will serve as a roadmap for what it seeks to achieve through its accredited CME program. The provider is free to include any parameters that are relevant to its program, learners, setting, goals, but must at least include what it seeks to change in terms of learners' competence, performance and/or patient outcomes.



CME Mission and Program Improvement

Mission Statement - PRACTICE:

AAFP Mission Statement: The American Academy of Family Physicians (AAFP) seeks to provide family physicians and other health care professionals with continuing medical education activities that are based on the principles of adult learning. These activities are high-quality, unbiased, evidence-based, up-to-date, learner-driven, and produced in a variety of formats. The expected outcome of the AAFP CME program is to increase the ratio of learners who plan and/or demonstrate implementation of a meaningful change in their practices.



CME Mission and Program Improvement

Mission Statement - PRACTICE:

AAP: The mission of the American Academy of Pediatrics is to attain optimal physical, mental, and social health and well being for all infants, children, adolescents, and young adults. To accomplish this, the AAP will make education and CPD of its members a priority by being the premier source of pediatric education and learning.

The AAP expects that its learning activities will maintain and improve the competence and professional performance of pediatricians and pediatric health care professionals.



CME Mission and Program Improvement



Program Analysis

CME Mission and Program Improvement

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)



CME Mission and Program Improvement

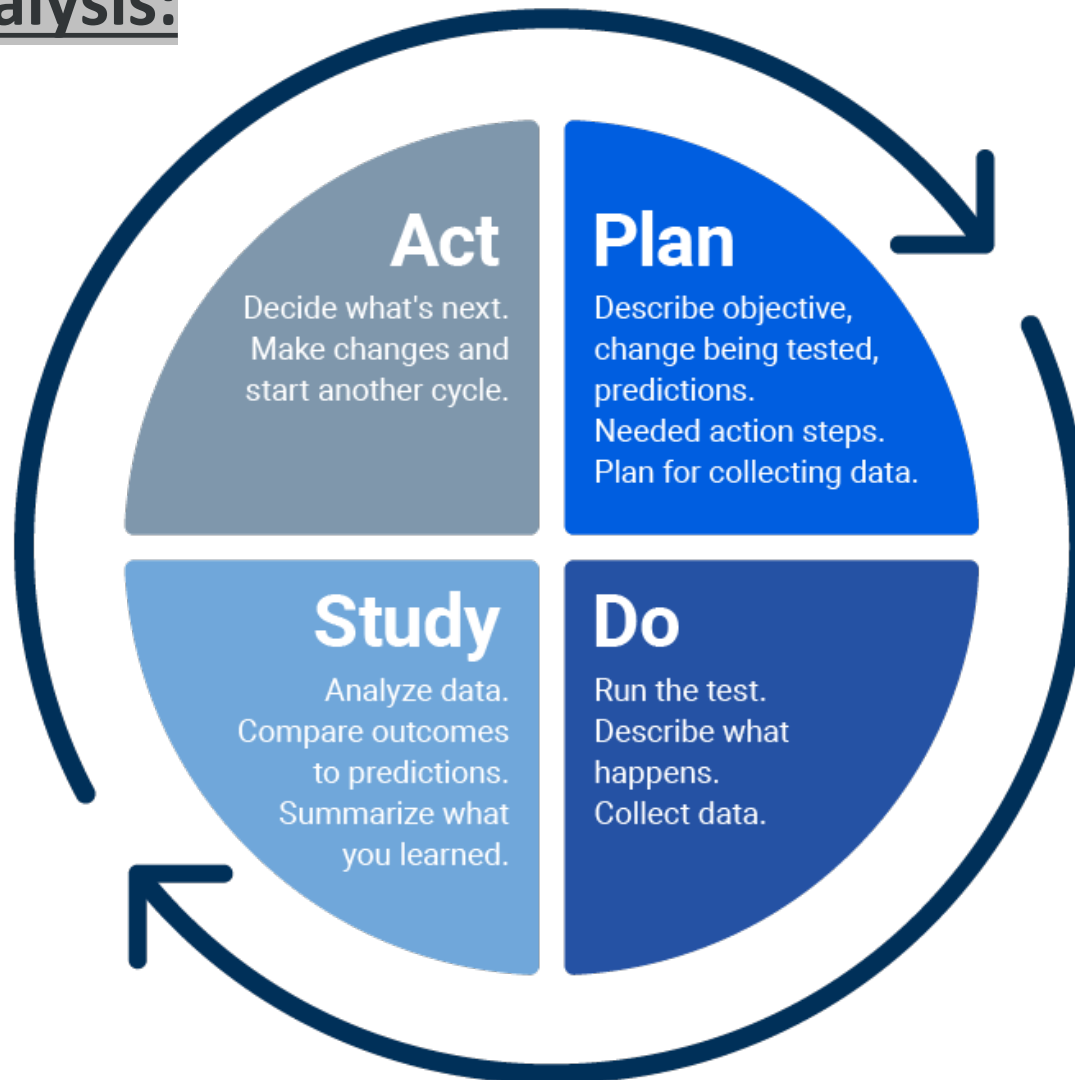
ACCME Note

Using data, information, and analysis from Analyzes Change, the provider is asked to step back and review its CME mission statement. Has it been successful in achieving what it outlined as expected results related to learner or patient outcome change? If not, why not?



CME Mission and Program Improvement

Program Analysis:



CME Mission and Program Improvement



Program Improvements

CME Mission and Program Improvement

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)



CME Mission and Program Improvement

ACCME Note:

Building from the review of its CME mission, the provider is asked to identify, plan, and implement changes to its CME program that will help it be more effective. This step-wise process of collecting data, reviewing it, comparing it to expected changes, and then making adjustments to be more effective, is a form of quality improvement for the accredited provider.



Educational Planning and Evaluation



Educational Needs

CME Mission and Program Improvement

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)



CME Mission and Program Improvement

ACCME Note

The accredited provider addresses, through its CME activities, problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems. By doing so, the provider is able to plan and implement education that will effectively address the problems.



CME Mission and Program Improvement

Examples:

- Evaluation Feedback
- Performance Measures
- Updated Guidelines
- New Technology
- New Drugs
- Patient Outcomes
- What Else?



Educational Planning and Evaluation



Designed to Change

CME Mission and Program Improvement

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)



CME Mission and Program Improvement

ACCME Note

In fulfillment of its mission, and as a next step in the planning process, the accredited provider designs its education to change learners' strategies/skills (i.e., competence), and/or what learners actually do in practice (i.e., performance), and/or the impact on the patient or on the care delivered (i.e., patient outcomes).



Knowledge

- The theoretical or practical understanding of a subject.
- What an individual does or does not know.

Competence

- Competence is about ability (skill).
- Competence is what you would do if you could do it.
- It's descriptive of strategy.
- Competence is knowledge put into action; put into action by the learner.

Performance

- When you put competence into practice — that's performance.
- Performance implies *in practice*.

Patient Outcomes

- Outcome:
 - patient outcome
 - research outcome
 - executive outcome
 - administrative outcome

Those are the consequences in the system, in your stakeholder, in the place of application of your performance.

Educational Planning and Evaluation



Enduring Materials



Live CME Activities



Online CME Courses



Journals



Test Item Writing



**Internet Searching
& Learning**



Scheduled Series

Appropriate Formats

CME Mission and Program Improvement

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)



CME Mission and Program Improvement

ACCME NOTE

Activity formats
(e.g., didactic, small group,
interactive, hands-on skill labs)
should be chosen based on what the provider hopes
to change as a result of the education. Adult
education literature provides guidance about which
learning formats are more effective than others
depending on the outcome that is desired, the
setting, and the needs of the learners.



Educational Planning and Evaluation

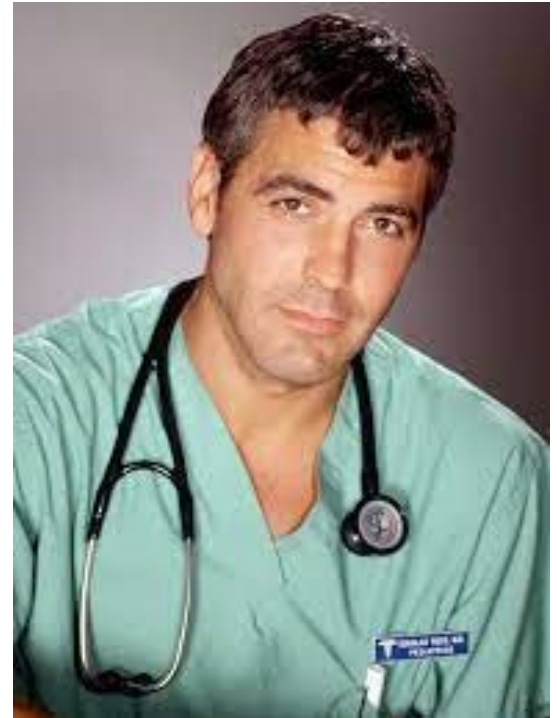


Competencies

Educational Planning and Evaluation

Competencies:

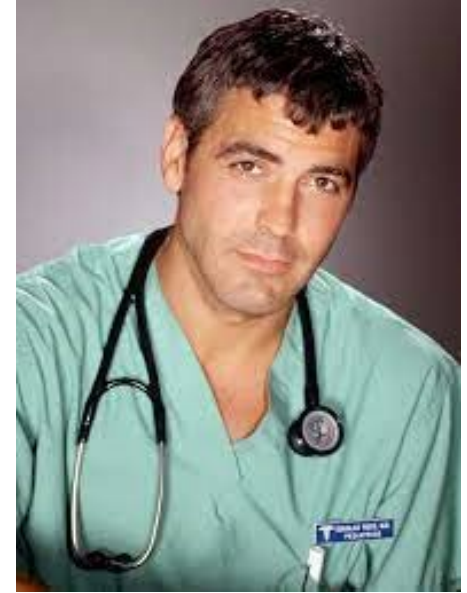
The provider develops activities/educational interventions in the context **of desirable physician attributes** (competencies). (formerly Criterion 6)



Educational Planning and Evaluation

ACCME Note

The ACCME is looking for an active recognition of "desirable physician attributes" in the planning process (e.g., "We have planned to do a set of activities that touch on professionalism and communications to address our patients' concerns that they are not receiving complete discharge instructions - which is the identified professional practice gap.") The simple labeling of an activity with a competency is a start and provides the learner with information with which to choose an activity and potentially will be important for reporting purposes within Maintenance of Certification/Continuing Certification



Educational Planning and Evaluation

IOM

- Provide patient centered care
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement
- Utilize informatics

ABMS/ACGME

- Patient Care
- Medical Knowledge
- Interpersonal and Communication Skills
- System based Practice
- Practice Based Learning and Improvement

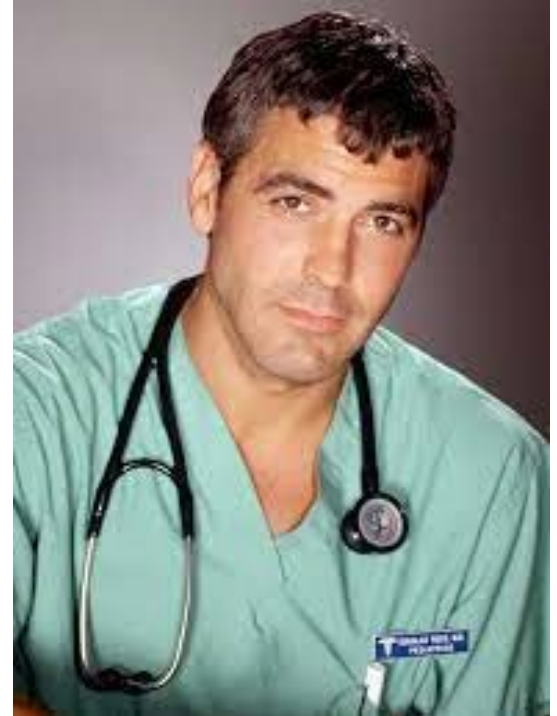
IPEC

- Value/Ethics for Interprofessional Practice
- Roles/Responsibilities
- Interprofessional Communication
- Teams and Teamwork

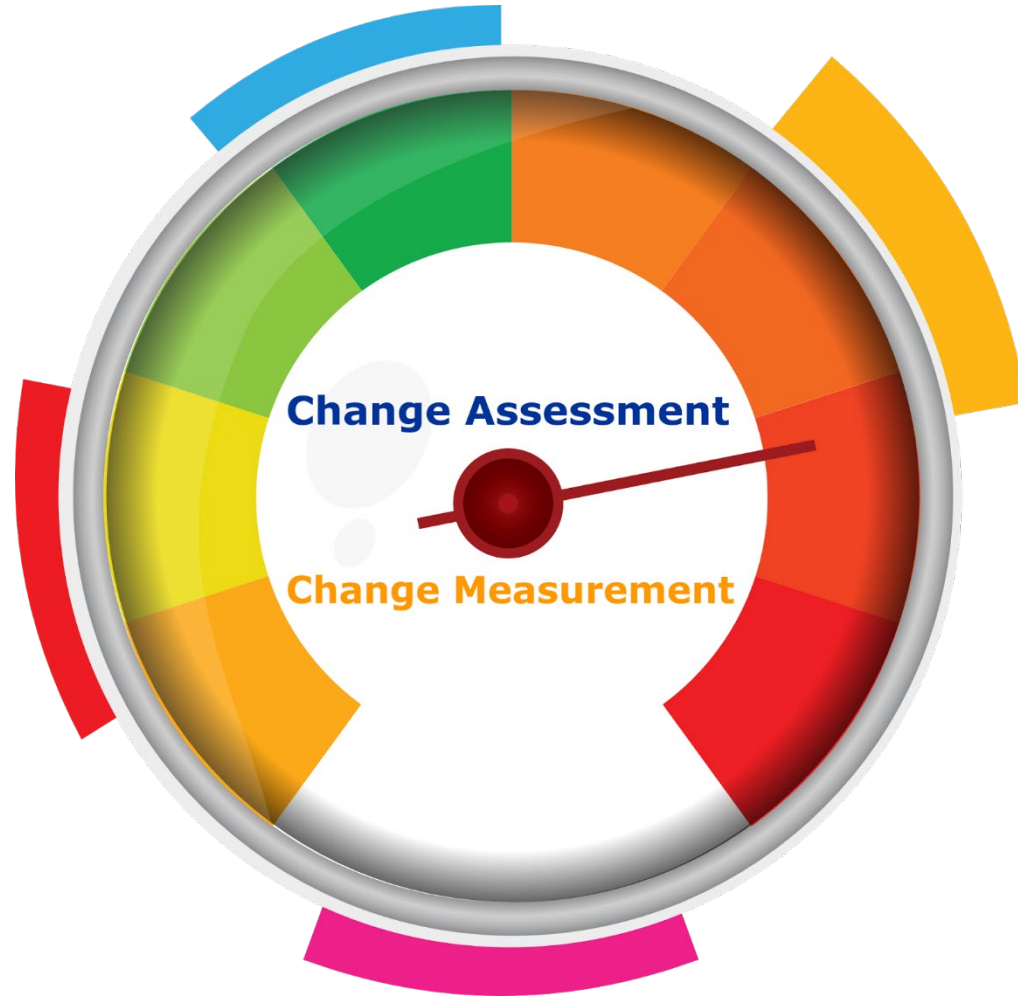
Educational Planning and Evaluation

Competencies:

What are some ideas for how to demonstrate this?



Educational Planning and Evaluation

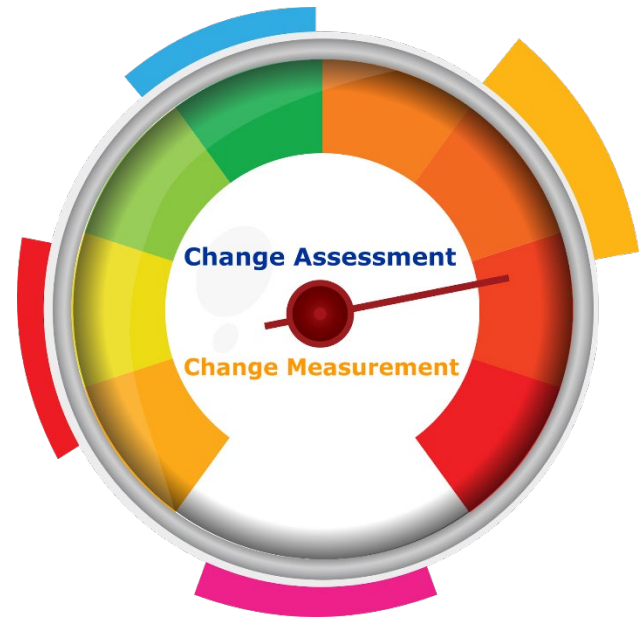


Analyze Change

Educational Planning and Evaluation

Analyze Change:

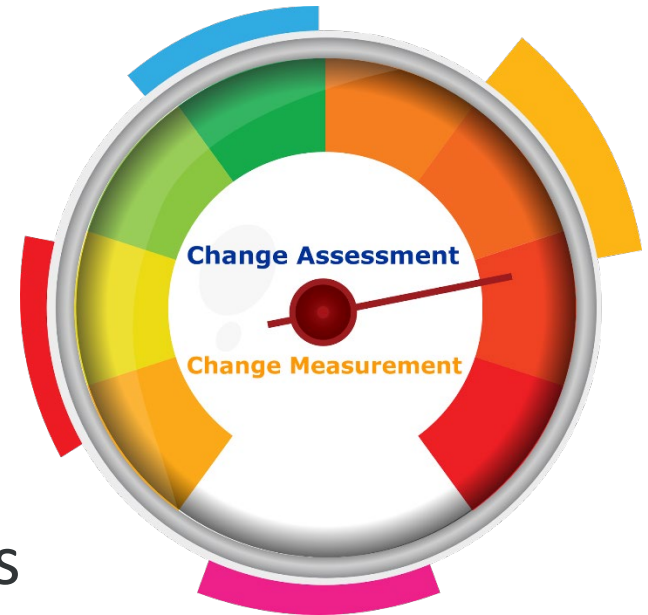
The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions. (formerly Criterion 11)



Educational Planning and Evaluation

ACCME Note:

The accredited provider is asked to collect data and information about the changes that result from its educational interventions, including changes it expects learners to make, changes that learners actually make, and/or the impact on patients. Using this data and information, the provider is asked to look across all its activities and analyze its impact in terms of those changes.

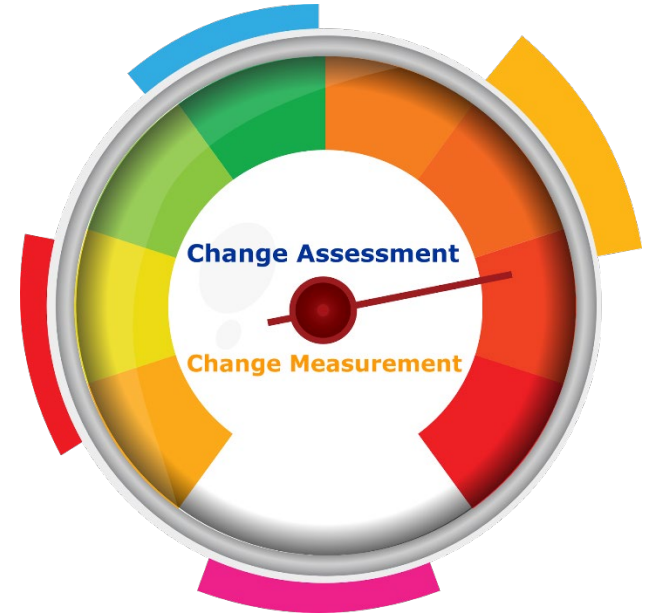


Educational Planning and Evaluation

Analyze Change:

What kind of data are we talking about?

- Audience response
- Evaluation feedback
- Hospital data
- Follow-up surveys
- Interviews

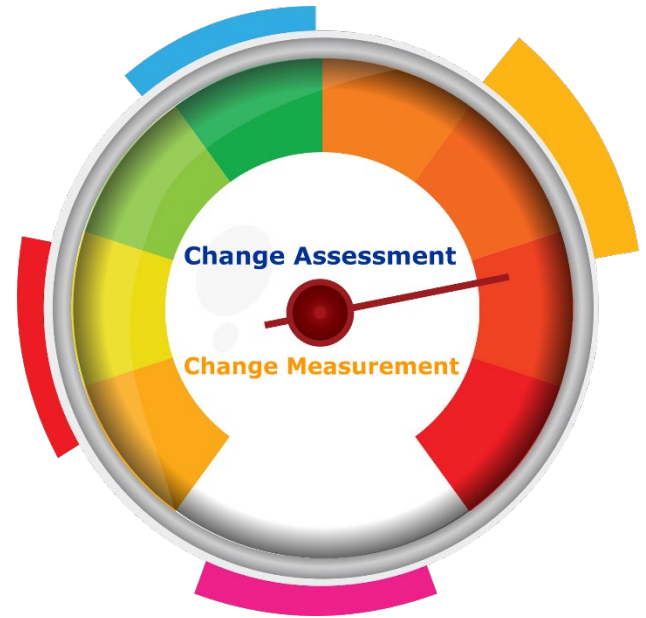


Educational Planning and Evaluation

Analyze Change:

Accredited CME providers should periodically review all the data they have gathered from all the activities held in a time period.

*It is an organizational choice how often they reflect upon their CME programs impact, but it **must be done at least once per accreditation cycle.***



Educational Planning and Evaluation

Analyze Change:

What kind of data?

- Audience response
- Evaluation feedback
- Hospital data
- Follow-up surveys
- Interviews

The data that is gathered at each activity then becomes the foundation blocks on which Analyzes Change, Program Analysis and Program Improvements are determined



Educational Planning and Evaluation

**Who is
responsible for
doing this
work?**



Continuing Medical Education Committee

Description

The Continuing Medical Education Committee (CME) is advisory in nature and serves to help ensure that the organization's continuing medical education program meets or exceeds the Standards, Criteria and Policies of the [Accreditation Council for Continuing Medical Education \(ACCME\)](#) and the [American Medical Association](#)'s rules for their [Physician's Recognition Award \(AMA PRA\)](#).

Alternatively called a CME Advisory Committee, it's purpose is to provide input and guidance on the strategic direction of the CME program.



Continuing Medical Education Committee

Activities

- Review and recommend policies for the CME Program. Serve as an advisory resource to staff for any CME program-related grievances. Review and recommend the CME Mission Statement and its subsequent revisions on an annual basis.
- Review and approve sessions and proposals against CME eligibility criteria.
- Review the annual report and self-analysis of the CME Program and its effectiveness in meeting the CME Mission. Discuss this report and recommend improvements to the process, if needed.

Continuing Medical Education Committee

Activities

- Retrospectively review/evaluate CME activity outcome measurements/results to determine the impact of CME programming
- Peer review of content of CME activities, if requested and falls within expertise.
- Provide general guidance and advice on clinical areas of interest and recommend expansion of program regarding topics and types of educational methodology utilized to deliver education to prospective participants.

Standards for Integrity and Independence in Accredited Continuing Education



Standards for Integrity and Independence in Accredited Continuing Education



Standards for Integrity and Independence in Accredited Continuing Education



Accreditation Council for
Continuing Medical Education
(ACCME)



American Nurses Credentialing
Center (ANCC)



Accreditation Council for
Pharmacy Education (ACPE)



Association of Regulatory
Boards of Optometry's Council
on Optometric Practitioner
Education (ARBO/COPE)



American Academy of Family
Physicians (AAFP)



Joint Accreditation for
Interprofessional Continuing
Education™

Standards for Integrity and Independence in Accredited Continuing Education

STANDARD 1: ENSURING CONTENT IS VALID

Standard 1 applies to all accredited continuing education.

Ensure that education is fair and balanced... clinical content supports safe, effective patient care.

1. All recommendations based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
2. All scientific research referred to, reported, or used...must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
3. Discuss, debate, and explore new and evolving topics... facilitate engagement with these topics without advocating for, or promoting, practices that are not/not yet adequately based on current science, evidence, and clinical reasoning.
4. Cannot advocate for unscientific approaches to diagnosis or therapy, or promote 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...

Standards for Integrity and Independence in Accredited Continuing Education

STANDARD 1: ENSURING CONTENT IS VALID

Questions

1. What do we do if we need to teach about content that is unknown or unproven, e.g., COVID19? How do we ensure balance?

Standards for Integrity and Independence in Accredited Continuing Education



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

Standard 2 applies to all accredited continuing education.

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

1. ...must ensure that all decisions ... are made without any influence or involvement from the owners and employees of an ineligible company.
2. ...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.**
3. ...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.**



ISMA
INDIANA
STATE
MEDICAL
ASSOCIATION

Standards for Integrity and Independence in Accredited Continuing Education

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

Questions

1. Can a faculty member reference a book that she wrote or would that be considered “sales?”
2. Can we raffle off a book written by a faculty member?
3. Do we need to ask learners if they perceived any sales, marketing or commercial bias during the education?
4. What is meant by “explicit consent” of learners in terms of getting permission to share their information with ineligible companies?

Standards for Integrity and Independence in Accredited Continuing Education

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

Standard 3 applies to all accredited continuing education.

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

1. **Collect information**: Collect information from all ... 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...

Standards for Integrity and Independence in Accredited Continuing Education

STANDARD 3: IDENTIFY, MITIGATE, AND DISCLOSE RELEVANT FINANCIAL RELATIONSHIPS (CONT.)

2. **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:
- 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 pre-clinical 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.

Standards for Integrity and Independence in Accredited Continuing Education

STANDARD 3: IDENTIFY, MITIGATE, AND DISCLOSE RELEVANT FINANCIAL RELATIONSHIPS (CONT.)

3. **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.
4. **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.

Standards for Integrity and Independence in Accredited Continuing Education

STANDARD 3: IDENTIFY, MITIGATE, AND DISCLOSE RELEVANT FINANCIAL RELATIONSHIPS (CONT.)

5. **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.**

...

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

Standards for Integrity and Independence in Accredited Continuing Education

STANDARD 3: IDENTIFY, MITIGATE, AND DISCLOSE RELEVANT FINANCIAL RELATIONSHIPS (CONT.)

5. **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.**

...

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

Standards for Integrity and Independence in Accredited Continuing Education

STANDARD 3: IDENTIFY, MITIGATE, AND DISCLOSE RELEVANT FINANCIAL RELATIONSHIPS (CONT.)

Exceptions: Accredited providers do not need to identify, mitigate, or disclose relevant financial relationships for any of the following activities:

1. Accredited education that is non-clinical...
2. Accredited education where the learner group is in control of content...
3. Accredited self-directed education where the learner controls their educational goals and reports on changes that resulted, such as learning from teaching, remediation, or a personal development plan...

Standards for Integrity and Independence in Accredited Continuing Education

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

Questions

1. Can we use our planners or other content experts to help determine relevance of relationships?
2. Can we ask planners/faculty to attest to “using best available evidence” as the mitigation strategy at the time the planners/faculty give us all their financial relationships?
3. Are regularly scheduled series (case conferences, grand rounds, tumor boards) considered an exception to Standard 3?
4. Are “ethics” and “resiliency” examples of accredited education that is non-clinical, and therefore exceptions?

Standards for Integrity and Independence in Accredited Continuing Education

STANDARD 4: MANAGE COMMERCIAL SUPPORT APPROPRIATELY

Standard 4 applies only to accredited continuing education that receives financial or in-kind support from ineligible companies.

Accredited providers that choose to accept *commercial support* 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.

1. Decision-making and disbursement...
2. Agreement...
3. Accountability...
4. Disclosure to learners...

(Note: the proposed change that would have prohibited joint providers from reimbursing faculty expenses using commercial support was removed from the final standard.)

Standards for Integrity and Independence in Accredited Continuing Education

STANDARD 4: MANAGE COMMERCIAL SUPPORT APPROPRIATELY

Questions

1. Are there any changes in the requirement of how commercial support can be accepted and managed by the accredited provider?
2. Do we still need to have and demonstrate compliance with a policy on honoraria and expense reimbursement for our volunteers?
3. Do we have to have a policy that outlines how we manage commercial support?
4. Can we charge different groups of learners different registration fees, e.g., students, members?

Standards for Integrity and Independence in Accredited Continuing Education

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

Standard 5 applies only when there is marketing by ineligible companies or nonaccredited education associated with the accredited continuing education.

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.

Arrangements to allow ineligible companies to market or exhibit in association with accredited education...

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

- Live continuing education activities...must not occur in the educational space within **30 minutes before or after** an accredited education activity
- Print, online, or digital continuing education activities...
- 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...
- 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.

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

Standards for Integrity and Independence in Accredited Continuing Education

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

Questions

1. What is the definition of “educational space?”
2. Is the “30 minute” separation requirement between marketing/non-accredited education and accredited education applicable only to live, in-person activities? What about live streamed, online activities?
3. Can marketing or non-accredited education take place at the same time as accredited education as long as it is in a different room and is clearly communicated to learners?

ACCME Policies

ACCME Accredited and Accreditation with Commendation Marks

Providers accredited within the ACCME System (providers directly accredited by the ACCME and those accredited by ACCME Recognized Accreditors) are welcome to use the ACCME Accredited mark for educational and identification purposes, and in announcements related to their attainment of ACCME accreditation. While the mark may be resized, the original aspect ratio should be maintained (it should not be stretched or condensed in a way that causes it to become distorted). Except for resizing, no other changes can be made.



Accreditation Statement

The accreditation statement must appear on 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.

Accreditation Statement

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.”



Accreditation Statement

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.

CME Activity and Attendance Records Retention

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.***

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.

CME Content and the American Medical Association Physician's Recognition Award

All CME educational activities developed and presented by a provider accredited by the ACCME system and associated with AMA PRA Category 1 Credit™ must be developed and presented in compliance with all ACCME accreditation requirements - in addition to all the requirements of the AMA PRA program.

All activities so designated for, or awarded, credit will be subject to review by the ACCME accreditation process as verification of fulfillment of the ACCME accreditation requirements.

Content Validity of Enduring Materials

- Providers that produce enduring materials must review each enduring material **at least once every three years** or more frequently if indicated by new scientific developments.
- While providers can review and re-release an enduring material every three years (or more frequently), the enduring material *cannot be offered as an accredited activity for more than three years without some review on the part of the provider to ensure that the content is still up-to-date and accurate.*
- That review date must be included on the enduring material, along with the original release date and a termination date.

THANK YOU!

