



# IMS Guide to the Accreditation Process

The Iowa Medical Society (IMS) Committee on CME Accreditation understands that the transition to the Updated Accreditation Criteria announced in September 2006 will take some time. IMS, through its accreditation process, will be sensitive to this transition and will take timing and your organization's implementation process into account when evaluating your program.

This guide provides questions and a framework to assist in the reaccreditation process. Please spend time familiarizing yourself with the contents of the guide so that you can understand IMS' expectations for the materials and information providers need to submit for accreditation.

In addition to the guide, the following pages contain a document that the Accreditation Council for Continuing Medical Education (ACCME) has compiled to assist in understanding the requirements for the 2006 Updated Criteria. If you have any questions while completing the application, please contact Kara Bylund at IMS via e-mail at [kbylund@iowamedical.org](mailto:kbylund@iowamedical.org) or by phone at (515) 223-1401, ext. 207.



## ACCREDITATION REQUIREMENTS

### ACCME requires that,

1. Providers focus their CME programs through a clearly articulated educational mission of change and improvement.

*Criterion 1. The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.*

***“CME purpose, content areas, target audience, type of activities” same as 1998 System. “Expected results” must go beyond “We will change ‘competence’, for example.***

2. Providers' programs of CME are practice-based, change-focused, aligned with the learners' professional practice, use the appropriate educational format, and are linked to desirable physician attributes.

*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.*

***Provider starts by identifying a gap then deduces the ‘knowledge cause’, or ‘strategy’ cause’ or ‘performance’ cause. Planning education so as to address the need is the same as ‘the provider incorporates.’***

*Criterion 3. The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.*

***The implementation of C2. Final product (the activity) demonstrates an attempt to change issues identified as the need.***

*Criterion 4. The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.*

***A rational link between the content of the activity and what the learners are reasonably expected to be doing in the type of professional practices that they have.***

*Criterion 5. The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.*

***Didactic sessions, small group discussion, interactive, hands on skills labs -- all perfectly acceptable – rationalized against what Provider is trying to accomplish.***

*Criterion 6. The provider develops activities/educational interventions in the context of desirable physician attributes (eg, IOM competencies, ACGME Competencies).*

***Simple juxtaposition of activity against a ‘competency’ is a start. Thoughtful reflection on integrating the competency into educational design is our goal.***

3. Providers' programs appropriately manage the boundary issues created by personal and organizational financial relationships with ACCME-defined commercial interests through compliance with the ACCME Standards for Commercial Support<sup>SM</sup>.

*Criterion 7. The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6).*

*Criterion 8. The provider appropriately manages commercial support (if applicable, SCS 3 of the ACCME Standards for Commercial Support<sup>SM</sup>).*

*Criterion 9. The provider maintains a separation of promotion from education (SCS 4).*

*Criterion 10. The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).*

***As per the 2004 ACCME Standards for Commercial Support<sup>SM</sup> and on-going enhancements. Will require self-monitoring and self assessment.***

4. Providers' programs of CME measure their successes at meeting their missions and respond appropriately to what the data says – with changes and improvements. A cascade of events.

*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.*

***At a PROGRAM level but requires some measures of all activities – analogous to RSS expectations. Asking learners what they think of value is NOT adequate. Learners as a source of data is expected. ("Describe your new strategy"; "Describe for us the pathophysiology of the disease process." "Provide us with next month's performance measurement data."). ACCME is looking for a reflective process whereby the Provider assimilates information from all activities into a self assessment of their program's successes.***

*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.*

***Provider integrates C11 information into a broader view of the organization – as judged against its own mission.***

*Criterion 13. 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.*

***Focus on identifying the Provider's strategic plan for organizational improvement.***

*Criterion 14. The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed.*

***"...and implements." Provider needs to be able to show Accreditor that things have changed as a result of C11. C12 and as planned in C13.***

*Criterion 15. The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured.*

***C11 and C12 for issues identified in C13 and interventions chosen in C14.'***

5. Providers' programs of CME operate in the context of the healthcare environment in which they are situated by being an asset to those attempting to improve professional practice, working to overcome barriers to change and collaborating with others.

*Criterion 16. The provider operates in a manner that integrates CME into the process for improving professional practice.*

***Evidence that CME supports practice based learning and improvement. Provides opportunities for investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.***

*Criterion 17. The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (eg, reminders, patient feedback).*

***Evidence of use of rewards, process redesign, peer review, audit feedback, monitoring, reminders, decision report systems, encouragement.***

*Criterion 18. The provider identifies factors outside the provider's control that impact on patient outcomes.*

***Has data and information that explains patient outcomes of learners .....beyond the performance of physicians.***

*Criterion 19. The provider implements educational strategies to remove, overcome or address barriers to physician change.*

***Has data and information on barriers to change applicable to own learners. Incorporated into educational program as activities, or modules.***

*Criterion 20. The provider builds bridges with other stakeholders through collaboration and cooperation.*

***Evidence of alliances with other organizations that has a demonstrable impact on the program of CME.***

***Other organizations participate in needs assessment and planning with the accredited provider (C2-10).***

***Incorporated into elements of evaluation (C11-12).***

***Other organizations part of solutions in achieving mission (C14-15).***

*Criterion 21. The provider participates within an institutional or system framework for quality improvement.*

***Evidence of the integration of, and contribution by, the CME provider to quality improvement initiatives.***

*Criterion 22. The provider is positioned to influence the scope and content of activities/educational interventions.*

***Evidence of provider's control of the development of CME activities from inception of idea to evaluation.***

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# Instructions for Completing Application

## Purpose and Content of Application

The purpose of the reaccreditation application is to gather information about the mission, philosophy, practices, and educational resources of an organization as a CME provider. Information is sought to determine whether or not the CME provider meets the requirements presented in the ACCME Essential Area and Elements™ and IMS policies.

The content of this application will be held in confidence by IMS and its representatives. Data for statistical and/or research purposes may be collected from responses to certain questions. It will not be released or published in any form in which specific responses could be identified with your organization.

This application is organized into the following sections:

- Instructions for Completing Application
- Data Sources Used in the Accreditation Process
- Contents of the Self Study Report
- Structure and Format Requirements for the Self Study Report
- Review of a Provider's Performance in Practice
- Survey/Interview
- Decision-Making Process
- Accreditation Timelines

## Conducting the Self Study

The Self Study process provides an opportunity for the accredited provider to reflect on its CME program. This process can assist the organization in assessing its commitment to and role in providing continuing medical education and determine its future direction.

An outline of the content of the Self Study Report is specified by IMS, but the process of conducting the self study is unique to each organization. Depending on the size and scope of the CME program, you may involve many or just a few individuals in the process. Regardless of the size or nature of the program, the self study is intended to address:

- The extent of which the organization has met its CME mission. (C1, C12)
- An analysis of factors that supported or detracted from the CME mission being met. (C11, C12)
- The extent to which, in the context of meeting the CME mission, the organization produces CME that:
  - Incorporate the educational needs that underlie the professional practice gaps of the learners. (C2)
  - Is designed to change competence, performance, or patient outcomes. (C3)
  - Includes content matched to the learners' current or potential scopes of practice. (C4)
  - Includes formats appropriate for the setting, objectives, and desired results. (C5)

- Is in the context of desirable physician attributes. (C6)
- Is independent, maintains education separate from promotion, ensures appropriate management of commercial support, and does not promote the propriety interests of a commercial interest. (C7-C10)
- How implemented improvements help the organization better meet its mission. (C13-C15)
- The extent to which the organization is engaged with its environment. (C16-C22)

## **Resources to Support Accreditation Process**

The reaccreditation process is facilitated by the use of documentation and completion of forms. All materials necessary to complete the self-study are available on the IMS Website at [www.iowamedical.org](http://www.iowamedical.org).

- [Demographic Information Form](#)
- [Summary of CME Activities](#)
- [CME Activity List](#)

## Accreditation Timeline and Provider Milestones

This timeline is a key resource in your organization's preparations of its self study materials. Providers are encouraged to keep a copy of this page to track accreditation process milestones. Some providers use this document to develop an internal work schedule, factoring in holidays, meetings, staff schedules, and other events that would impact the self study process.

<b>Date</b> (in months prior to accreditation expiration)	<b>Milestone</b>
11 months	IMS mails official Reaccreditation notification and invoice to provider.
9 months	Provider deadline For submission of CME Activity List. Preferred dates for survey.
8 months	IMS informs provider of which activity files will be reviewed.
4 months	Provider deadline Completed self study reports, activity files, and reaccreditation fee due to IMS.
3-2 months	Interviews occur
1 month	Surveyor results presented to IMS Committee on CME Accreditation.
0 months	Provider receives accreditation decision from IMS.

### Initial Accreditation Timeline

The timeline for an initial applicant to complete the accreditation process is dependent upon the dates that materials are submitted to IMS. Once a pre-application is approved by IMS, an organization has six months to submit a self study report for initial accreditation. The IMS' accreditation process requires a three-month window between the submission of a self study report for initial accreditation and the date of the interview.

## Data Sources Used in the Accreditation Process

IMS *verifies* that a provider meets the ACCME and IMS' accreditation expectations *in practice* through a review of materials used in the planning and implementation of individual CME activities or groups of activities and materials used in the administration of a CME program.

IMS' accreditation process is **an opportunity** for each provider to demonstrate its practice of CME is in compliance with the ACCME/IMS' accreditation requirements. In IMS' accreditation process, these opportunities are in the following forms:

1. **Self Study Report:** Providers are expected to *describe* and provide *examples* of their CME practices. When **describing** a practice, a narrative is to be given to provide an understanding of the CME practice(s) related to a Criterion or Policy.

When asked for an **example** of a CME practice, IMS expects to see documentation/documents/materials that demonstrate the *implementation* of the practice that was described. This means using documentation/documents/materials from activities that have been planned and/or implemented. **Unless otherwise noted, IMS expects to see actual materials or completed (not blank) forms.**

2. **Performance-in-Practice Review:** Providers are expected to verify that their CME activities meet the ACCME's Updated Accreditation Criteria through the documentation review process.

For **reaccreditation**, IMS will select up to three activities for which the provider will be expected to present evidence of performance-in-practice to IMS for documentation review.

For **initial accreditation**, the organization will identify at least two completed CME activities that have been planned, implemented, and evaluated within the 24-month period prior to the initial accreditation interview. In addition to documentation review, the initial applicant must have an *activity review* prior to Accreditation. The CME activity may be of any format and will entail surveyor observation.

3. **Accreditation Interview:** The interview presents an opportunity to describe and provide clarification, as needed, on aspects of practice described and verified in the self study report or activity files. Through dialogue with the IMS survey team, an organization may illuminate its practices in a more explicit manner. The survey team may request that a provider submit additional materials based on this dialogue to verify a provider's practice.

## **Expectations for Regularly Scheduled Series (RSS)**

A provider that produces Regularly Scheduled Series (RSS) must ensure that its program of RSSs contributes to fulfilling the provider's mission, fulfills IMS requirements, and manifests the provider's engagement with the system in which it operates – just like any other activity type.

The IMS is aligning its expectations about RSSs with the ACCME 2006 Updated Accreditation Criteria. A provider's monitoring system will produce information about compliance with C2-C10. This information will be integrated into the provider's self-assessment (C 11 and C12.) As with any activity type, the provider must have information on the compliance of its program of RSSs with Criteria 2 through 10 in order to draw conclusions in C11 and C12. The provider's conclusions about its compliance, and its improvement plans, will be reported as part of Criteria 13, 14 and 15.

The IMS expects that:

1. All series, and all sessions within a series, will meet ACCME's 2006 Updated Accreditation Criteria and be in compliance with IMS Policies.
2. At the activity level, a provider will monitor successes at meeting Criteria 2 through 10 through self-assessment procedures that meet the requirements of Criteria 11 and 12.
3. Some information from all series will contribute to the provider's analysis (Criteria 11 and 12) and any subsequent improvements (Criteria 13 through 15).
4. As with all activity types, a provider will analyze data and information (C11-C12) about RSSs and determine if this activity type has met the ACCME's 2006 Updated Accreditation Criteria (C2-C10 and C16-22) and IMS Policies.
  - A provider can determine if the activity has met a Criterion or is in compliance with an IMS Policy if the provider's analysis indicates compliance.
  - If monitoring data indicate that performance in a series or session did not meet a Criterion or Policy, then the provider should identify the problem (C13), implement improvements (C14), and measure the impact of the implemented improvements (C15).

# Contents of the Self Study Report

## I. Introduction

- A. Demographic Information Form. (form to be complete can be found on [www.iowamedical.org](http://www.iowamedical.org))
- B. Summary of CME Activities. (form to be complete can be found on [www.iowamedical.org](http://www.iowamedical.org))
- C. CME Activity List (a list of your CME activities for the current period of accreditation as submitted electronically to IMS and updated, if necessary).
- D. Self Study Report Prologue.
  - 1. Describe a brief history of your CME program.
  - 2. Describe the leadership and structure of your CME program.
- E. Describe your organization's change process and timeline for incorporating the ACCME's 2006 Updated Accreditation Criteria.

## II. Essential Area 1: Purpose and Mission (ACCME Standards for Commercial Support<sup>SM</sup> Criterion 1)

- A. Attach your CME mission statement to verify it has all the required components. Identify and highlight each required component: (1) purpose; (2) content area; (3) target audience; (4) type of activities; and (5) expected results of the program.

Note: It is import that IMS be able to identify, in the expected results section of your mission statement, the changes that are the expected results of your CME program (i.e. changes in competence, performance, or patient outcomes). (C1)

## III. Essential Area 2: Educational Planning (ACCME Standards for Commercial Support<sup>SM</sup> Criteria 2-3)

- A. Describe how identified professional practice gaps are translated into educational needs (knowledge, competence, or performance). Follow the outline below.
  - 1. The identified professional practice gap (for professional practice gaps that are identified in methods other an direct measurements of your own learners- i.e. national trend data, state trend data- explain how these gaps connect to your own learners).
  - 2. The need(s) identified is based on the gap.
  - 3. How the need is articulated in terms of knowledge, competence, or performance. (C2)
  - 4. How the need(s) are incorporated into activities or set of activities.

- B. Include two examples that demonstrate your practice(s), as described in A above. In your example, make the professional practice gaps explicit and the educational needs that you identified for the activities.
- C. Describe your process of designing activities to change competence, performance, or patient outcomes, as described in your CME Mission Statement.
- D. Include two examples that demonstrate your practice(s), as described above, of designing activities to change competence, performance, or patient outcomes. (C3)

#### **IV. Essential Area 2: Educational Planning (Criteria 4-6) and IMS Policies**

- A. Describe how the organization, at the CME program or activity planning level, matches the content of activities to the learners' current or potential scope of practice.
- B. Include two examples that demonstrate your practice, as described above, of matching content of your activities to your learners' current or potential scope of practice. (C4)
- C. Describe the different educational formats (i.e. activity types and methodology) utilized for activities. Explain the rationale or criteria used in the selection of formats to ensure a format is appropriate for the setting, objectives, and desired results of an activity. (C5)
- D. Include two examples that demonstrate your practice, as described in C. above. (C5)
- E. Describe the development of CME activities in the context of desirable physician attributes (IOM competencies, ABMS competencies, specialty specific competencies). (C6)
- F. Include two examples that demonstrate your practice, as described in D. above. (C6)
- G. Describe the mechanism used to verify physician participation in CME activities, for six years from the date of your CME activities.
- H. Include two examples that demonstrate your practice, as demonstrated in G. above.

#### **V. Essential Area 2: Educational Planning (Criterion 7: ACCME Standards for Commercial Support<sup>SM</sup>—Independence)**

- A. Describe how the organization makes the following decisions free of the control of a commercial interest: (1) identification of needs; (2) determination of educational objectives; (3) selection and presentation of content; (4) selection of all persons and organizations in a position to control the content; (5) selection of educational methods; and (6) evaluation of the activity. (SCS 1.1)
- B. If your organization enters into joint sponsorship relationships with non-accredited providers, describe your process used to ensure that these organizations are not commercial interests. (SCS 1.2)

- C. Provide a list of joint sponsors and a brief descriptor of each organization's purpose, function or mission. (SCS 1.2)
- D. Describe the mechanism(s) used to ensure that everyone in a position to control educational content has disclosed relevant financial relationship with commercial interests to the organization. Include in the description the organization's mechanism(s) for disqualifying individuals who refuse to disclose. (SCS 2.1, 2.2)
- E. Describe the mechanism(s) used to identify conflicts of interest prior to an activity. (SCS 2.3)
- F. Describe the mechanism(s) uses to resolve conflicts of interest prior to an activity. (SCS 2.3)
- G. Describe the process(es) and mechanism(s) for disclosure to the learners of (1) relevant financial relationships of all persons in a position to control education content, and (2) the source of support from commercial interests, if applicable.
- H. Include two examples to demonstrate that:
  - 1) Your organization makes decisions free of the control of commercial interest; (SCS 1.1)
  - 2) Everyone in a position to control educational content has disclosed to your organization relevant financial relationship with commercial interests, including verification that individuals who refuse to disclose are disqualified. (SCS 2.1, 2.2)
  - 3) Your organization identifies and resolves conflict of interest prior to an activity (SCS 2.3) and,
  - 4) Your organization discloses relevant financial relationships and the source(s) of support from commercial interests to learners prior to the activity. (SCS 6.1-6.5)

**VI. Essential Area 2: Educational Planning (Criterion 8: ACCME Standard for Commercial Support<sup>SM</sup>—Management of Funds)**

**All providers must respond to items A-C, regardless of the organization's acceptance of commercial support.**

- A. Attach the written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers and/or authors. (SCS 3.7-3.8)
- B. Describe how you ensure social events do not compete with or take precedence over educational activities. (SCS 3.11)
- C. Include two examples of income and expense statements from CME activities that itemize the receipt of all sources of income and expenses related to the activity. If your organization accepts commercial support, your two examples should be from activities with commercial support and the income statement should itemize the commercial support received.

**If the organization accepts commercial support, respond to D-F, if not go to Section VII.**

- D. Describe the process(es) for the receipt and disbursement of commercial support (both funds and in-kind support). (SCS 3.1)
- E. Describe how your organization ensures that all commercial support is given with the organization's full knowledge and approval. Include in the response the policies and processes to ensure that no other payment is given to the director of the activity, planning committee members, teachers or authors, joint sponsors, or any others involved in the activity. (SCS 3.3; 3.9)
- F. Attach an example of a written agreement documenting terms, conditions, and purposes of commercial support used to fulfill relevant elements of the ACCME Standards for Commercial Support<sup>SM</sup>. (SCS 3.4-3.6)

**VII. Essential Area 2: Educational Planning (Criteria 9-10: ACCME Standard for Commercial Support<sup>SM</sup>—Separation of Education from Promotion; Promotion of Improvements in Healthcare)**

**All providers must respond to this section.**

- A. Are any commercial exhibits organized in association with any CME activities? If yes, describe how the organization ensures that arrangement for commercial exhibits do not (1) influence planning or interfere with the presentation, and (2) are not a condition of the provision of commercial support for CME activities. (SCS 4.1)
- B. Are advertisements organized in association with any CME activities? If yes, describe how the organization ensures that advertisements or other product-promotion materials are kept separate from the education. In the description, distinguish between processes related to advertisements and/or product promotion in each of the following types of

CME activities: (1) print materials; (2) computer-based materials; (3) audio and video recording; and (4) face-to-face/live course. (SCS 4.2, 4.4)

- C. Describe the process or procedure used to ensure that educational materials which are part of the CME activity, such as slides, abstracts and handouts, do not contain any advertising, trade names or product group messages. (SCS 4.3)
- D. Besides the provision of commercial support, what role do commercial interests play in providing access to CME activities for learners? (SCS 4.5)
- E. Describe the planning and monitoring the organization uses to ensure that:
  - 1. Content of CME activities does not promote the proprietary interests of any commercial interests. (SCS 5.1)
  - 2. CME activities give a balanced view of the therapeutic options. (SCS 5.2)
  - 3. Content of CME activities is in compliance with IMS' content validity value statement<sup>1</sup>. (Policy of Content Validation )

### **VIII. Essential Area 3: Evaluation and Improvement (Criteria 11-15)**

- A. Show a summary report of the evaluation data and information that the organization has collected about the changes in physician learners' competence, performance and/or patient outcomes. (C11)
- B. What were the conclusions drawn from analysis of these data? (C11)

NOTE: IMS expects each provider to conduct a program-based analysis on the degree to which its CME mission has been met. In Section II of this Self Study Report, the organization's mission statement was attached. That mission statement is required to have five components (purpose, content areas, target audience, types of activities, and expected results). Learner change data and the conclusions reached about those data will assist in determining the degree in which the expected results of your CME mission have been met. The following items are designed to elicit information on what other information you reviewed to help determine if the CME mission was met and your conclusions regarding your success at meeting this mission.

- C. In addition to learner change data, describe and include examples of the other data and information you gathered as a part of your overall program evaluation.

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<sup>1</sup> IMS Policy on Content Validation: All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support of justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Providers are not eligible for IMS accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.

- D. Based on the review of the data and information as described in your responses to questions A-C, what were the conclusions regarding your organization's success at meeting its CME mission? Be sure to include the degree to which your organization:
1. Reached its target audience.
  2. Provided CME on the content areas outlined in the mission.
  3. Produced the types of activities stated in the mission.
  4. Fulfilled its purpose.
  5. Achieved its expected results. (C12)
- E. Your organization may have implemented practices that demonstrate your fulfillment of criteria 16-22. How have you evaluated the impact of these practices on your organization's ability to meet its mission? If so, describe how these initiatives helped your organization meet its CME mission by responding to items 1-7 below. (C12)
1. Did the manner and degree to which the organization integrated CME into the process for improving professional practice (C16) help the organization meet its CME mission?
  2. Did the manner and degree to which the organization utilized non-educational strategies to enhance change as an adjunct to activities/educational interventions (e.g. reminders, patient feedback) (C17) help the organization meet its CME mission?
  3. Did the manner and degree to which the organization identified factors outside of its control that impact on patient outcomes (C18) help the organization meet its CME mission?
  4. Did the manner and degree to which the organization implement educational strategies to remove, overcome, or address barriers to physician change (C19) help the organization meet its CME mission?
  5. Did the manner and degree to which the organization built bridges with other stakeholders through collaboration and cooperation (C20) help the organization meet its CME mission?
  6. Did the manner and degree to which the organization participated within an institution or system framework for quality improvement (C21) help the organization meet its CME mission?
  7. Did the manner and degree to which the organization has been positioned to influence the scope and content of activities/educational interventions (C22) help the organization meet its CME mission?
- F. As a result of program-based analysis, what changes were identified that could help to better meet the CME mission? In the response, explain how each change, if implemented, could impact a component of the CME mission (purpose, content areas, target audience, type of activities, or expected results). (C15)

- G. Based on the changes identified that could be made, describe the changes to the program that you implemented. For any potential changes (as described in question F above) that were not implemented, please explain why they were not implemented and plans to address them in the future. (C14)
- H. Describe how the organization measured, or will measure, the impact of the improvements that have been described in G.
- I. If the data is available, include information on whether or not the changes made to the program have fulfilled the intended purpose. Include evidence (e.g. data) to support those conclusions. (C15)

### **IX. Essential Area 3: Engagement with the Environment (Criteria 16-22)**

**The information gathered through the organization's responses to the following questions will be used to determine eligibility for Accreditation with Commendation.**

- A. If CME activities have been integrated into the process for improving professional practice, describe how this integration occurs. Examples should be explicit organizational practices that have been implemented. (C16)
- B. If the organization utilizes non-educational strategies to enhance change as an adjunct to its educational activities, describe the strategies used as adjuncts to CME activities and how these strategies were designed to enhance change. Include in the description an explanation of how the non-educational strategies were connected to either an individual activity or group of activities. Include examples of non-educational strategies that have been implemented. (C 17)
- C. If the organization identifies factors outside of its control that will have an impact on patient outcomes, describe instances of this practice. These instances might be specific to the planning of a CME activity or at the overall CME program level, include examples of identifying factors outside the organization's control that will have an impact on patient outcomes. (C18)
- D. If the organization implements education strategies to remove, overcome, or address barriers to physician change, describe instances of this practice. These instances might be specific to the planning of a CME activity or at the overall CME program level. Include examples of educational strategies that have been implemented to remove, overcome, or address barriers to physician change. (C19)
- E. If the organization is engaged in collaborative or cooperative relations with other stakeholders, show instances of these practices. These instances might be specific to the planning of a CME activity or at the overall CME program level. In your description, indicate the natural (e.g. held meetings, planned activities, shared information) and rationale (e.g. to reach shared goals, to meet our missions, to reach larger physician audience, to share resources) of the collaboration and cooperation. Include examples of collaboration and cooperation with other stakeholders. (C20)

- F. If the CME unit participates within an institutional or system framework for quality improvement, describe this framework. For example, the organization's framework may link the CME committee with a quality or performance improvement committee. Include examples of your CME unit practicing within an institutional or system framework for quality improvement. (C21)
  
- G. If the organization has positioned itself to influence the scope and content of activities/educational interventions, describe organizational procedures and practices that support this. Include examples of your organization positioned to influence the scope and content of activities/educational interventions. (C22)

## Structure and Format Requirements for the Self Study Report

Providers must assemble and submit their Self Study Report information in accordance with the following structure and format requirements:

### Structure Requirements

1. The Self Study Report must be organized in the sections listed below.
2. Each section must be included behind a tab labeled with the title of the section. Template for tabs is located on the IMS Web site [www.iowamedical.org](http://www.iowamedical.org).
3. The outline below must be used as the basis for a required Table of Contents. Include on the Table of Contents the page numbers of the narrative and attachments for each section. An example is provided below.

- I. Introduction
- II. Essential Area 1: Purpose and Mission (C 1)
- III. Essential Area 2: Educational Planning (C 2-3)
- IV. Essential Area 2: Educational Planning (C 4-6) and IMS Policies
- V. Essential Area 2: Educational Planning (C 7)
- VI. Essential Area 2: Educational Planning (C 8)
- VII. Essential Area 2: Educational Planning (C 9-10)
- VIII. Essential Area 3: Evaluation and Improvement (C 11-15)
- XI. Essential Area 3: Engagement with the Environment (C 16-22)

#### Example Table of Contents

	<u>Page Number</u>
<b>IV. Essential Area 2: Educational Planning (Criteria 4-6)</b>	
A. Description of how provider XYZ's program matches activity content with learners' scope of practice.....	30
B. Description of XYZ's educational formats and criteria for their selection.....	35
C. Description of desirable physician attributes addressed by XYZ's CME activities.....	40

## **Format Requirements**

1. Provide required narrative and attachments for each item of the outline and tabs.
2. Put attachments in the appropriate section of the report. Do not put them all at the end of the report. If using a document more than once, please refer to the initial location within the Self Study Report for all additional references and do not provide duplicate copies within the binder.
3. The information within the Self Study Report should be typed with at least 1” margins (top, bottom and sides), using 11 to 12 point font. The topics from the outline should be in bold, clearly separated from the type style (font) of your answers. It is acceptable to use double-sided printing.
4. Consecutively number each page in the Self Study Report, including the attachments. The name (or abbreviation) of your organization must appear with the page number on the lower right side of each page. If the report is not numbered, it will not be accepted and will be returned at the organization’s expense.
5. Include a Table of Contents listing the page numbers of each narrative and attachment of the Self Study Report.
6. Use the formatted tabs to separate the content of the Self Study Report.
7. Place the Self Study Report and all the attachments in a two-inch maximum (ring diameter), three-ring binder.
8. Submit four copies to IMS. Be sure to keep a separate copy for your use during the survey/interview.

*Failure to adhere to the submission requirements will result in the return of your Self Study Report, delay in the accreditation process, additional fees, and possible consequences for your accreditation status.*

### **The Self Study Report must be submitted to:**

Manager of Education and Meeting Planning  
Iowa Medical Society  
1001 Grand Ave  
West Des Moines, IA 50265

## Instructions for Printing Self Study Report Tabs

### Step 1 – Download the tabs

Download the self study report tabs from [www.iowamedical.org](http://www.iowamedical.org).

### Step 2 – Print the tabs

The template is preformatted to print on standard blank, printable 5-count tabs (index dividers; available at many office supply/stationary stores).

Print three sets of tabs for required submission to the IMS. Print additional sets for your own internal distribution. Printing instructions are copier/printer specific; please consult your own technical support staff or a local office supply/stationary store for assistance in printing the tabs.

**NOTE:** When printing the tabs, please make sure that the text box on the right hand side of the page is adjusted to print onto the “tab” portion of the tab page and the rest of the text prints on main portion of the tab page as illustrated below:

### Step 3 – Assemble the binders

Use the tabs to organize your organization’s self study report.

<p>I. Introduction</p> <ul style="list-style-type: none"><li>A. Demographic Information Form. (form to be complete can be found on <a href="http://www.iowamedical.org">www.iowamedical.org</a>)</li><li>B. Summary of CME Activities. (form to be complete can be found on <a href="http://www.iowamedical.org">www.iowamedical.org</a>)</li><li>C. CME Activity List (a list of your CME activities for the current period of accreditation as submitted electronically to IMS and updated, if necessary).</li><li>D. Self Study Report Prologue.<ul style="list-style-type: none"><li>1. Describe a brief history of your CME program.</li><li>2. Describe the leadership and structure of your CME program.</li></ul></li><li>E. Describe your organization’s change process and timeline for incorporating the ACCME’s 2006 Updated Accreditation Criteria.</li></ul>	Introduction
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## Review of a Provider's Performance in Practice

The performance-in-practice review allows providers to demonstrate compliance with IMS' expectations and offers providers an opportunity to reflect on their CME practices. This reflective process can support providers' practices to determine the extent to which it has met its mission, as required in Criterion 12. Providers should take advantage of their preparations for the performance-in-practice review to identify, plan, and potentially implement any needed changes to CME activities or the overall CME program. These changes can be tangible examples that a provider uses to demonstrate compliance with Criteria 13-15.

Materials that demonstrate compliance with IMS' expectations may result from work done for individual activities or as part of the overall CME program. Meeting minutes and strategic planning documents are two examples of materials that might help a provider show how an activity meets IMS' expectations with evidence not directly related to a specific CME activity.

Facilitation of the IMS' review of a provider's performance-in-practice in its activity files involves three stages:

- (1) The provider's submission of its CME activity list;
- (2) IMS' selection of activities for performance-in-practice review; and,
- (3) The provider's submission of reports and evidence of performance-in-practice for the activities selected for review.

### Review of Performance-in-Practice

#### STAGE 1: Submitting your CME Activity List

1. The list of activities must be submitted using the IMS' template, which is provided at [www.iowamedical.org](http://www.iowamedical.org) (see CME Activities List Form). If you already have your list of activities in an electronic database, you must convert it into IMS' preformatted Excel document. Your activity list will be returned for editing and/or reformatting if not formatted correctly.
2. For **reaccreditation**, all activities that your organization has offered, or plans to offer, under the umbrella of your IMS accreditation statement during the current accreditation term should be included on your list. Your list of activities needs to be comprehensive and must include all activities **beginning with the month after your last accreditation decision and through the expiration of your current accreditation term**. For example, if you received a four-year Accreditation decision in November 2006, your list should include all accredited CME activities offered, or scheduled to be offered, from December 1, 2006 through November 30, 2010.

For **initial accreditation**, this list should include data for at least two completed CME activities that have been planned, implemented, and evaluated within the 24-month period prior to the initial accreditation interview. This list should reflect only those activities that are being presented for review of performance-in-practice. It is the IMS' expectation that all of the activities listed have been planned and presented in compliance with the ACCME® Essential Areas, Elements, and IMS Policies.

3. For **activities that have not yet occurred**, please use best available information, year-to-date figures, or estimates to complete all required fields. You will have the opportunity to update this information for inclusion with the self study report.

4. Please list activities chronologically by month and year within activity type, i.e., list all 2006 activities, first courses, then enduring materials, then journal-based CME, etc. Then, list all 2007 activities, first courses, then enduring materials, then journal-based CME, etc.
5. Activities offered on multiple dates at various locations to different audiences, even if they have the same title and content, **must be listed for each date and location at which they were offered**. Responses such as “multiple,” “various,” or “ongoing” are not acceptable for activity date or location.
6. **For organizations that produce regularly scheduled series (RSS; also known as RSCs): List Regularly Scheduled Series (e.g., grand rounds, tumor boards) by year and series (e.g. department).** Do not list each daily, weekly, or monthly session.
  - IMS defines RSS as daily, weekly or monthly CME activities that are primarily planned by and presented to the provider's own professional staff, and are offered under the umbrella of your IMS accreditation statement, as one activity. RSS are most commonly offered by hospitals and medical schools and typically include such activities as Grand Rounds, Noon Conferences, and Tumor Boards.
  - By contrast, annual meetings are scheduled regularly, on a yearly basis, but they do not fit the IMS definition of RSS. Similarly, conferences offering the same content at various times and locations may be scheduled on a regular basis, but they do not fit the IMS definition of RSS. If you are not certain whether an activity is categorized as an RSS, please contact the IMS.
  - When counting RSS for the activity list, include each series as one activity. Use the date of the first session to fill in the date field. The total hours of instruction for the series is the sum of hours available through the activity during the year, and the total participants is the sum of the number of physicians/non-physicians attending each individual session.
7. Providers must submit data for all activities in **columns A-I**. The spreadsheet has columns that must be filled in according to the specifications below.
  - Column A: List the title of the activity.
  - Column B: List the date the activity occurred in “MM/DD/YYYY” format. If the activity is multi-day, provide the beginning date of the activity only. If the activity is an enduring material, provide the release date or date of most recent review.
  - Column C: List the activity’s location in “City, ST” format. For enduring materials and Internet activities, please list your organization’s home city and state or indicate not applicable.
  - Column D: Use the drop down menu to indicate if the activity was directly or jointly sponsored (Co-sponsorship is not a menu option). List only those cosponsored activities for which your organization took responsibility).
  - Column E: Use the drop down menu to indicate the type of activity. Your **only** choices are: Course, RSS, Internet Activity Live, Enduring Material, Internet Activity Enduring Material, Journal-based CME, Manuscript Review, Test Item Writing, Committee Learning, Performance Improvement, Internet Searching and Learning, and Learning from Teaching.
  - Column F: List the number of maximum number of hours available for the activity.
  - Column G: List the number of physicians who participated. If attendance figures are incomplete at the time of submission, include preliminary or year-to-date figures. The information may be updated in the self-study report.
  - Column H: List the number of non-physicians who participated. If attendance figures are incomplete at the time of submission of your list, please include preliminary or year-to-date figures. You may update this information for inclusion with your self-study report.

Column I: Use the drop down menu to indicate whether the activity received commercial support. Your **only** choices are Yes and No.

8. There are 8 new columns in the CME Activity List spreadsheet. These columns (J-Q) are highlighted in yellow. **Providers must submit data in these columns for activities presented after July 1, 2008:**

- Column J: List the amount of commercial support received. Commercial support is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity. The total figure should include an *estimated* dollar value for in-kind contributions. If activity has not been presented, estimate the support you expect to receive. Advertising and exhibit income is not considered commercial support.
- Column K: List the number of commercial supporters of the activity. (If the activity has not occurred, estimate the number of commercial supporters expected).
- Column L: Use the drop down menu to indicate if the activity was designed to change physicians' competence. Your **only** choices are Yes and No.
- Column M: Use the drop down menu to indicate if change in physicians' competence was measured. Your **only** choices are Yes and No.
- Column N: Use the drop down menu to indicate if the activity was designed to change physicians' performance. Your **only** choices are Yes and No.
- Column O: Use the drop down menu to indicate if change in physicians' performance was measured. Your **only** choices are Yes and No.
- Column P: Use the drop down menu to indicate if the activity was designed to change patient outcomes. Your **only** choices are Yes and No.
- Column Q: Use the drop down menu to indicate if change in patient outcomes was measured. Your **only** choices are Yes and No.

9. Please observe the following instructions:

**Do not** alter the format, such as shading cells, changing column names, or adding blank rows or columns. You may, however, temporarily resize column width to view cells' contents;

**Do not** leave blank cells in the spreadsheet for columns A-I;

**Do not** send the spreadsheet to the IMS as a "zip file"; and

**Do not** include multiple worksheets, files, or attachments. Your submission should be **one** worksheet attached as **one** file.

10. Submit your list as an attachment via e-mail to **kbylund@iowamedical.org**. Please include your **organization's name** in the name of the attached file for identification purposes.

## **Review of Performance-in-Practice**

### **STAGE 2: IMS' Selection of Activities for Review**

Based on the completed CME Activity List you provide to IMS, IMS will select three files for review. IMS notifies providers via email of the activities selected for review; your organization will be asked to confirm receipt of this communication.

Keep in mind:

- Providers are accountable for demonstrating performance-in-practice for all activities selected for documentation review. In addition, when mutually agreed upon by IMS staff and the provider, providers may invoke evidence from an additional activity of their choosing if the sample selected by IMS does not capture best practices or accurately reflect their CME program.
- If, after reviewing the list of selected activities, an error such as incorrect activity date or format is noted, please notify IMS via e-mail (kbylund@iowamedical.org) and the selection will be updated.

## **Review of Performance-in-Practice**

### **STAGE 3: Submitting evidence of Performance-in-Practice for Review**

IMS utilizes the review of a provider's performance-in-practice, as seen in materials from CME activities, to verify that the provider meets IMS' expectations.

#### **Step A – Assemble an Activity File**

1. Evidence for each activity selected must be submitted in an 8 ½" by 11" file folder.
2. Each file folder should be no more than ½" thick
3. Affix label on the front of folder that specifies:
  - Full Name of organization (no acronym)
  - Activity title as it appears on the CME Activity List;
  - Activity date and location;
  - Type of Activity (Your only choices are Course, Internet Activity Live, Internet Activity Enduring Material, Enduring Material, Journal CME, Journal-based Manuscript Review, Test Item Writing, Committee Learning, Performance Improvement, Learning from Teaching, Internet Searching and Learning, or RSS);
  - Directly or jointly sponsored activity; and
  - If commercial support was accepted

#### **Helpful Tips about Assembling an Activity File: (Contact IMS staff with questions)**

- *The name, date and location that you provide to identify each activity should be the same as it appears on your list of CME activities. Any variation must be explained to IMS prior to the submission of the materials.*
- *Your activity file should be easy to navigate through. You may consider using colored sheets, tabs, or pagination to organize your activity file.*
- *Do not submit activity files in three-ring binders.*
- *Provide documentation that effectively demonstrates compliance. "More" is not necessarily "better."*

### **Step B – Enclose the CME Product**

Please submit the **CME product** in its entirety for each **Internet, journal-based and/or enduring material CME activity** selected. CME products are being requested to assess compliance with IMS policy requirements relative to the activity type.

**Please make clear where the information supporting compliance with the policy requirements can be found by highlighting, flagging, noting, describing, or otherwise providing written directions to ensure that you are showing where in the product you are meeting the policy requirements.**

**For Internet activities provide a direct link to the online activities or the URL, and a username and password, when necessary.** If an Internet activity selected is no longer available online, you may submit the activity saved to CD-ROM or provide access to the activity on an archived Web site. If IMS surveyors have difficulty accessing the activities or finding the required information, you will be expected to clarify this evidence at the time of the interview. Active URLs, login IDs and passwords must be made available for the duration of your organization's current accreditation term, as online activities will be accessed at multiple levels of IMS review.

### **Step C – Submit Materials to IMS on Time**

All providers seeking reaccreditation are required to ship to IMS (1) three sets of your evidence of performance-in-practice for the identified activities, (2) one copy of the CME product(s) for any enduring materials, Internet, or journal-based CME activities selected, and (3) three self study report binders.

Please do not ship original documents; activity files will **not** be returned to you. IMS will then provide each of your surveyors with one copy of the self study report and a portion of your activity files to review in preparation for your interview.

*All providers should retain a duplicate set of files at their offices for their own reference, and, if the need arises, IMS may ask for a second copy of a file or set of files. In addition, providers having on-site interviews must retain a copy/original of the evidence documenting your performance-in-practice to have it available for the surveyors at the time of the interview.*

### **IMS shipping address**

IMS, Attn: Manager, Education and Meeting Planning, 1001 Grand Avenue, West Des Moines, IA 50266

## **Accreditation/Interview**

An accreditation/interview will be scheduled to discuss the organization's CME program with appropriate organization representatives (i.e. CME committee physician chair, CME activity coordinator, committee members). The IMS survey team will be made up of two IMS Committee on CME Accreditation members, who are trained and updated in the procedures and policies of IMS.

The interview allows the provider to:

- Discuss its CME program, overall CME program evaluation, and self-study report.
- Clarify information described and shared in the Self Study Report and performance in practice materials.

It allows the survey team to:

- Ensure that any questions regarding the provider's procedures or practice are answered.
- Ensure complete information about the provider's organization has been given to formulate a report to the IMS Committee on CME Accreditation.

IMS surveyors will not provide feedback on your compliance, nor will they provide your organization with a summary of their findings or an assessment of the expected outcome of the accreditation review.

## **Decision-Making Process**

Following the interview the survey team will compile a report and make a recommendation to the IMS Committee on CME Accreditation. The committee will review the report and summary of the activity files submitted by the provider to make a decision on the type and length of accreditation.

The provider will receive written notice of the committee's decision within four week of the decision being rendered. In addition to the notification of the accreditation decision, the provider will receive specific information on the strengths and weaknesses of the CME program discovered throughout the reaccreditation process.