



## IMS GLOSSARY OF TERMS AND ABBREVIATIONS

### Terms

**Accreditation:** The decision by the IMS that an organization has met the requirements for a CME provider as outlined by the IMS. The standard term of accreditation is four years.

**Accreditation Council for Continuing Medical Education (ACCME):** The ACCME sets the standards for the accreditation of all providers of CME activities. The ACCME has two major functions: the accreditation of providers whose CME activities attract a national audience and the recognition of state or territorial medical societies to accredit providers whose audiences for its CME activities are primarily from that state/territory and contiguous states/territories, such as IMS. The ACCME’s seven member organizations are the American Board of Medical Specialties (ABMS), the American Hospital Association (AHA), the American Medical Association (AMA), the Association of American Medical Colleges (AAMC), the Association for Hospital Medical Education (AHME), the Council of Medical Specialty Societies (CMSS), and the Federation of State Medical Boards of the U.S., Inc. (FSMB).

**Accreditation Decisions:** The types of accreditation offered and made by the IMS to accredited providers. They include accreditation, accreditation with commendation, probationary accreditation, provisional accreditation and non-accreditation.

**Accreditation Statement:** The standard statement that must be used by all accredited institutions and organizations. There are three different statements that might be used depending on the number and relationships of the organizations involved in planning and implementing the activity:

Directly sponsored activity —An activity planned and implemented by an IMS accredited provider of CME.

*The (name of the accredited provider) is accredited by the Iowa Medical Society to provide continuing medical education for physicians.*

Jointly sponsored activity—An activity planned and implemented by one IMS accredited provider working in partnership with a non-accredited entity. The accredited provider must ensure compliance with the ACCME® Essential Areas and Elements, and IMS policies and therefore take responsibility for the activity as indicated in the accreditation statement.

*This activity has been planned and implemented in accordance with the ACCME® Essential Areas and Elements, and policies of the Iowa Medical Society (IMS) through the joint sponsorship of (name of accredited provider) and (name of non-accredited provider). The*

*(name of accredited provider) is accredited by the IMS to provide continuing medical education for physicians.*

**Accreditation Survey:** Data collection by the IMS that includes a review of the organization (structure, administration, mission, relationships), documentation, and activities. The survey can be conducted in one of three ways: *on site*, which is in-person at the site of the accredited institution/organization, or its activity; *reverse site*, which is in-person at a site determined by the IMS; or through a *televideo* process. Its purpose is to gather data about who is responsible for the CME program and activities, how documentation is accomplished, and how well the ACCME/IMS accreditation requirements are applied.

**Accreditation with Commendation:** The decision by IMS that an organization has met all the Criteria for accreditation with the ACCME® Essential Areas and Elements and those outlined in Criteria 16 to 22. The term of accreditation with commendation is six years.

**Activity:** An educational event/intervention for physicians, which is based upon identified needs, has a purpose or objectives, and is evaluated to assure the needs are met.

**Activity Review:** Data collection that allows the IMS to observe an activity and document compliance with the requirements for accreditation. This review occurs usually during an accreditation survey (on-site) and is required for all new applicants before they are fully accredited.

**Annual Report:** Data collection that requires an annual submission of data from each accredited provider and allows the ACCME/IMS to monitor changes in an individual accredited provider's program and within the population of accredited providers.

**Commercial Bias:** A personal judgment in favor of a specific proprietary business interest of a commercial interest.

**Commercial Interest:** Any entity producing, marketing, reselling, or distributing health care goods or services consumed by, or used on, patients. IMS does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for ACCME accreditation.

**Commercial Supporter:** Financial or in-kind contributions given by a commercial interest, which is used to pay all or part of the cost of a CME activity. The definition of roles and requirements when commercial support is received are outlined in the ACCME Standards of Commercial Support<sup>SM</sup> (Element 3.3).

**Compliance:** The provider is always or consistently meeting the standard of practice for the judged accreditation elements.

**Conflict of Interest:** When an individual's interests are aligned with those of a commercial interest the interests of the individual are in 'conflict' with the interests of the public. IMS considers financial relationships to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest **and** the opportunity to affect the content of CME about the products or services of that commercial interest. The potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME – an incentive to insert commercial bias.

**Continuing Medical Education (CME):** Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that 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.

A broad definition of CME, such as the one found above, recognizes that all continuing educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate CME for practitioners interested in providing better service to patients.

Not all continuing educational activities which physicians may engage in however, are CME. Physicians may participate in worthwhile continuing educational activities which are not related directly to their professional work, and these activities are not CME. Continuing educational activities which respond to a physician's non-professional educational need or interest, such as personal financial planning, appreciation of literature or music, or parent effectiveness, are not CME.

**Co-sponsored Activity:** A CME activity presented by two or more accredited providers. One accredited provider must take responsibility for the activity.

**Credit:** The “currency” assigned to hours of CME activity. Requirements for the designation of credit are determined by the organization responsible for the credit system, e.g., AMA-PRA (Category 1 and 2 Credit), AAFP (Prescribed and Elective Credit), ACOG (Cognates). Refer to those organizations for details about the specific requirements for assigning credit.

**Criteria:** The set of performance expectations, corresponding to the ACCME® Essential Areas and Elements, required by IMS of an accredited provider.

**Designation of CME Credit:** The declaration that an activity meets the criteria for a specific type of credit. In addition, designation relates to the requirements of credentialing agencies, certificate programs or membership qualifications of various societies. The accredited provider is responsible to these agencies, programs and societies in the matter of designation of credits and verifications of physician attendance. NOTE: The designation of credit for specific CME activities is not within the purview of the IMS as an accrediting body.

**Documentation Review:** Data collection that allows IMS to verify that compliance with accreditation requirements has been met within specific activities. This review occurs during an accreditation survey.

**Enduring Materials:** Enduring materials are printed, recorded or computer assisted instructional materials which may be used over time at various locations and which in themselves constitute a planned CME activity. Examples of such materials for independent physician learning include: programmed texts, audio-tapes, videotapes and computer assisted instructional materials which are used alone or in combination with written materials. Books, journals (unless specifically designated) and manuals are not classified as enduring materials.

**Exemplary Compliance:** The provider exceeds the standard of practice for the judged element.

**Faculty:** The speakers or education leaders responsible for communicating the educational content of an activity to a learner.

**Financial Relationship:** Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. IMS considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

**Focused Accreditation Survey:** A specially arranged survey of a provider to collect data about a specific problem that has been reported or has not been corrected as a result of a progress report.

**IMS Committee on CME Accreditation:** A working committee of the IMS, that is responsible for monitoring the accreditation system, the process, and the providers to assist with continual improvement of CME accreditation.

**Iowa Medical Society (IMS):** The IMS sets the standards for the accreditation of its state providers of CME activities.

**Joint Sponsorship:** Sponsorship of a CME activity by two institutions or organizations when only one of the institutions or organizations is accredited. The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a non-accredited institution, or organization and must use the appropriate accreditation statement. A commercial interest cannot take the role of non-accredited entity in a joint sponsorship relationship.

**Monitoring:** Data collection which allows the IMS to note changes in the program of CME between formal accreditation reviews. This data is collected in the annual reports required of each provider.

**Needs Assessment/Data:** A process of identifying and analyzing data that reflect the need for a particular CME activity. The data could result from a survey of the potential learners, evaluations from previous CME activities, needed health outcomes, identified new skills, etc. Needs assessment data provide the basis for developing learner objectives for the CME activity.

**Non-accreditation:** The accreditation decision by the IMS that an organization has not demonstrated compliance with the standards for a CME provider as outlined by the IMS.

**Noncompliance:** The provider is not meeting the standard of practice for the judged accreditation requirements.

**Objectives:** Statements that clearly describe what the learner will be able to know or do after participating in the CME activity. The statements should result from the needs assessment data.

**Organizational Framework:** The structure (organizational chart), process, support and relationships of the CME unit that are used to conduct the business of the unit and meet its mission.

**Organizational Review:** The form of data collection that allows the IMS to determine responsibility for the program of CME and activities provided as part of the program. This review occurs during an accreditation survey.

**Participant:** An attendee, primarily physicians, at a CME activity.

**Planning Process(es):** The method(s) used to identify needs and assure that the designed educational intervention meets the need(s) and produces the desired result.

**Probation:** The accreditation decision by the IMS that an accredited provider has not met all the standards for a CME provider as outlined by the IMS. The accredited provider must correct the deficiencies to receive a decision of accreditation. While on probation, a provider may not jointly sponsor new activities.

**Program of CME:** The CME activities and functions of the provider taken as a whole.

**Progress Report:** A report prepared for the IMS by the accredited provider communicating changes in the provider's program to demonstrate compliance with the ACCME® Essential Areas and Elements, and/or IMS policies that were found in non-compliance, during the most recent accreditation review.

**Provider:** The institution or organization that is accredited to present CME activities.

**Provisional Accreditation:** Requires compliance with ACCME® Essential Areas and Elements Criteria 1 to 3 and 7 to 12.

**Self Study:** A report of data and observations collected by the accredited provider to document its accomplishments, assess areas where improvements may be necessary and outline a plan for making those improvements.

**Supporter:** See Commercial Interest

**Survey:** See Accreditation Survey

**Surveyors:** Two members of the IMS Committee on CME Accreditation collect, review, and analyze data from multiple sources about compliance with ACCME® Essential Areas and Elements, and IMS policies; note program improvements; and make a recommendation to the IMS Committee on CME Accreditation for their final decision about accreditation of an applicant/provider.