



## **IMS CME Policies and Procedures**

The IMS CME Policies and Procedures supplement the ACCME® Essential Areas and Elements, and result from actions taken by the Accreditation Council for Continuing Medical Education (ACCME) Board of Directors and/or the IMS Committee on CME Accreditation. Actions are based on a review and discussion of relevant research as well as feedback obtained from multiple constituents, including accredited providers.

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## **IMS Accreditation Program**

The Iowa Medical Society (IMS) conducts a program for the accreditation of institutions and organizations offering continuing medical education, but does not conduct a program for the recognition of the continuing educational accomplishments of the individual physician. Such credentialing and qualifying activities are conducted by the many organizations and agencies which, for example, have award programs recognizing the completing of a variety of continuing medical education experiences; mandatory continuing medical education requirements for membership, re-registration of the physician's license to practice, or recertification by specialty boards.

It is important to note that institutions and organizations are not accredited by the IMS for the purpose of granting categorical credit, and that the requirements for such credit are maintained by the credentialing and qualifying bodies themselves. Accreditation by the IMS does not carry with it the authorization for the institution or organization to certify credit as meeting the requirements of the credentialing and qualifying bodies. The authority of an institution or organization to certify such credit is granted by the credentialing/qualifying body in accordance with its own rules and regulations. Since different credentialing agencies have varying requirements, directors of continuing medical education, and physician participants in education programs, should be aware of the requirements of the particular credentialing or qualifying agency for which credit is being earned. The director of continuing medical education should plan to keep such records of physician attendance as may be necessary to satisfy the needs of the individual physician participant.

## **CME Content**

Continuing medical education (CME) 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 are not CME.

IMS accepts the American Medical Association's (AMA) interpretation that the topics of "coding" and "reimbursement" fit with the definition of CME.

All CME educational activities developed and presented by a provider accredited by IMS and associated with AMA PRA Category 1 Credit™ must be developed and presented in compliance with all ACCME® Essential Areas and Elements and IMS policies, in addition to all the requirements of the AMA PRA program. All activities so designated for, or awarded, credited will be subject to review by the IMS accreditation process as verification of fulfillment of the ACCME/IMS accreditation requirements.

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. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for IMS accreditation.

### **Content Validation**

Accredited providers are responsible for validating the clinical content of CME activities that they provide. Specifically,

- 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 or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

### **CME Program Eligibility for Accreditation** (Separate document in ACCME policies)

Only certain organizations are eligible to receive IMS accreditation. The following criteria must be met before an organization will be considered for IMS accreditation:

- Be located in the state of Iowa.
- May not be accredited by ACCME. It is recognized that short periods of overlap may occur when a provider transitions from one accreditation system to the other and continues to be listed as "accredited" by both. When an IMS accredited provider alters its function and seeks and achieves accreditation from the ACCME, that provider should promptly notify the IMS, withdraw from its accreditation system, and ask to be deleted from its list of accredited providers of CME. Should an ACCME provider change its role and become accredited by the IMS, a similar procedure must be followed.
- Not be a "[commercial interest](#)."

- Not be developing and/or presenting a program of CME that is, in the judgment of IMS, devoted to advocacy on unscientific modalities of diagnosis or therapy.
- Present activities that have “valid” content. Specifically, the organization must be presenting activities that promote recommendations, treatment or manners of practicing medicine that are within the definition of CME. Providers are not eligible for accreditation if they present activities that promote treatments that are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

IMS considers the following types of organizations to be eligible for accreditation and free to control the content of CME:

- Providers of clinical services directly to patients.
- 501-C Non-profit organizations (Note, IMS screens 501c organizations for eligibility. Those that advocate for “[commercial interests](#)” as a 501c organization are not eligible for accreditation in the IMS system. They cannot serve in the role of joint sponsor, but they can be a commercial supporter).
- Government organizations.
- Non-health care related companies.
- Liability insurance providers.
- Health insurance providers.
- Group medical practices.
- For-profit hospitals.
- For-profit rehabilitation centers.
- For-profit nursing homes.

IMS reserves the right to modify this definition and this list of eligible organizations from time to time without notice.

Where there is a question of eligibility for survey, the application will be referred to the IMS Committee on CME Accreditation which will consider it and which will then vote upon the eligibility of the applicant.

## Commercial Support and Disclosure

These policies and definitions supplement the [ACCME Standards of Commercial Support<sup>SM</sup>](#).

Relevant to SCS 1 (Ensuring Independence in Planning CME Activities):

A “commercial interest” is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. IMS does not consider providers of clinical services directly to patients to be commercial interests.

A commercial interest is not eligible for IMS accreditation. Within the context of this definition and limitation, IMS considers the following types of organizations to be eligible for accreditation and free to control the content of CME:

- Providers of clinical services directly to patients.
- 501-C Non-profit organizations (Note, IMS screens 501c organizations for eligibility. Those that advocate for “[commercial interests](#)” as a 501c organization are not eligible for accreditation in the IMS system. They cannot serve in the role of joint sponsor, but they can be a commercial supporter).
- Government organizations.
- Non-health care related companies.
- Liability insurance providers.
- Health insurance providers.
- Group medical practices.
- For-profit hospitals.
- For-profit rehabilitation centers.
- For-profit nursing homes.

IMS reserves the right to modify this definition and this list of eligible organizations from time to time without notice.

### **Commercial Interests as Related to Joint Sponsorship**

Commercial interests cannot be accredited providers nor can they be ‘joint sponsors.’

In joint sponsorship, either the accredited provider or its non-accredited joint sponsor can have control of the identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity. To maintain CME as independent from commercial interests, control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity cannot be in the hands of a commercial interest.

Relevant to SCS2 (Identifying and Resolving Conflicts of Interest):

**Financial Relationships:** 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.

With respect to personal **financial relationships**, ‘contracted research’ includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant.

**Conflict of Interest:** Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

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. IMS considers “content of CME about the products or services of that commercial interest” to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

With respect to **financial relationships** with commercial interests, when a person divests themselves of a relationship it is immediately not relevant to conflicts of interest but it must be disclosed to the learners for 12 months.

Relevant to SCS 3 (Appropriate Use of Commercial Support)

Commercial support is 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.

An accredited provider can fulfill the expectations of SCS 3.4-3.6 by adopting a previously executed agreement between an accredited provider and a commercial supporter and indicating in writing their acceptance of the terms and conditions specified and the amount of commercial support they will receive.

A provider will be found in noncompliance with SCS 1.1 and SCS 3.2 if the provider enters into a commercial support agreement where the commercial supporter specifies the manner in which

the provider will fulfill the requirements of the [ACCME® Essential Areas and Elements](#) and IMS policies.

Element 3.12 of the [ACCME Standards for Commercial Support<sup>SM</sup>](#) applies only to physicians whose official residence is in the United States.

#### Relevant to SCS 4 (Appropriate Management of Commercial Promotion)

Commercial exhibits and advertisements are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be “[commercial support](#).” However, accredited providers are expected to fulfill the requirements of SCS 4 and to use sound fiscal and business practices with respect to promotional activities.

#### Relevant to SCS6 (Disclosure to Learners)

Disclosure of information about provider and faculty relationships may be disclosed verbally to participants at a CME activity. When such information is disclosed verbally at a CME activity, providers must be able to supply IMS with written verification that appropriate verbal disclosure occurred at the activity. With respect to this written verification:

1. A representative of the provider who was in attendance at the time of the verbal disclosure must attest, in writing:
  - a) that verbal disclosure did occur; and
  - b) itemize the content of the disclosed information (SCS 6.1); or that there was nothing to disclose (SCS 6.2).
2. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.

The provider’s acknowledgment of commercial support as required by SCS 6.3 and 6.4 may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

### **Communication with Provider**

Statements of deficiencies or concerns made by the IMS Committee on CME Accreditation should be identified with the appropriate [ACCME® Essential Areas and Elements](#) and IMS policies. Letters of notification sent to the providers should contain a statement reminding them that significant changes, i.e., change of director, should be reported.

### **Enduring Materials**

An enduring material is a non-live CME activity that "endures" over time. It is most typically a videotape, monograph, or CD-ROM. Enduring materials can also be delivered via the Internet. The learning experience by the physician can take place at any time in any place, rather than only at one time, and one place, like a live CME activity.

Enduring materials must comply with all [ACCME® Essential Areas and Elements](#) and IMS policies. However, there are special communication requirements for enduring materials because of the nature of the activities. Because there is no direct interaction between the provider and/or faculty and the learner, the provider must communicate the following information to participants so that they are aware of this information prior to starting the educational activity:

1. Principal faculty and their credentials.
2. Medium or combination of media used.
3. Method of physician participation in the learning process.
4. Estimated time to complete the educational activity (same as number of designated credit hours).
5. Dates of original release and most recent review or update.
6. Termination date (date after which enduring material is no longer certified for credit).

For CME activities including those in which the learner participates electronically (e.g., via Internet, CD-ROM, satellite broadcasts), all required information (listed above) must be transmitted to the learner prior to the learner beginning the CME activity (also see [ACCME Standards for Commercial Support<sup>SM</sup>](#)). All new CME activities released on or after January 1, 2008 must conform to this policy. Existing CME activities that are reviewed and re-released after January 1, 2008 must conform to this policy.

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. So, while providers can review and re-release an enduring material every three years (or more frequently), the enduring material cannot be certified for credit 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.

Accredited providers may not enlist the assistance of [commercial interest](#) to provide or distribute enduring materials to learners.

IMS does not require 'post-tests' for enduring materials. IMS [records retention](#) policies do, however, require participants to verify learner participation and evaluate all CME activities. So, accredited providers often choose to include a post-test in their enduring material activities as a way to comply with those two requirements.

Sometimes providers will create an enduring material from a live CME activity. When this occurs, IMS considers the provider to have created two separate activities – one live activity and one enduring material activity. Both activities must comply with all [ACCME® Essential Areas and Elements](#) and IMS policies, and the enduring material activity must comply additionally with all policies that relate specifically to enduring materials.

## Fees

IMS accredited providers are accountable for timely submission of fees that are required either to attain or maintain accreditation. [IMS Fee Schedule](#) lists current fees, and describes all related policies.

## Information and Confidentiality

The following information is considered “public information,” and therefore may be released by the ACCME and/or IMS. Public information includes certain information about accredited providers, and ACCME/IMS reserves the right to publish and release to the public, including on their respective Web sites, all public information:

1. Names and contact information for accredited providers.
2. Accreditation status of provider.
3. Some annual report data submitted by the accredited provider, including for any given year:
  - # of activities
  - # of hours of education
  - # of physician participants
  - # of non-physician participants
  - Accepts commercial support (Y/N)
  - Accepts advertising/exhibit revenue (Y/N)
  - Participates in joint sponsorship (Y/N)
  - Types of Activities produced (List Y/N)

Note: ACCME/IMS will not release any dollar amounts reported by individual accredited providers for income, expenses, commercial support, or advertising/exhibits.

4. Aggregated accreditation finding and decision data broken down by provider type.
5. Complaint and inquiry decision information.
6. Responses to public calls-for-comment initiated by the ACCME/IMS.
7. Executive Summaries from the ACCME Board of Director’s Meetings (exclusive of actions taken during executive session).
8. Any other data/information that ACCME/IMS believes qualifies as “public information.”

The ACCME/IMS will maintain as “confidential information,” except as required for ACCME/IMS accreditation purposes, or as may be required by legal process, or as otherwise authorized by the accredited provider to which it relates:

1. To the extent not described as public information above, information submitted to the ACCME/IMS by the provider during the initial or reaccreditation decision-making processes for that provider.
2. Correspondence to and from ACCME/IMS relating to the accreditation process for a provider.
3. ACCME/IMS proceedings (e.g., Board minutes, transcripts) relating to a provider, other than the accreditation outcome of such proceedings.

In order to protect “confidential information,” ACCME/IMS and its volunteers are required:

1. Not to make copies of, disclose, discuss, describe, distribute or disseminate in any manner whatsoever, including in any oral, written, or electronic form, any “confidential information” that the ACCME/IMS or its volunteers receive or generate, or any part of it, except directly for the accreditation or complaint/inquiry decision-making purposes.
2. Not to use such “confidential information” for personal or professional benefit, or for any other reason, except directly for ACCME/IMS purposes.

## **Internet CME**

Live or enduring material activities that are provided via the Internet are considered to be “Internet CME.” Internet CME must comply with all [ACCME® Essential Areas and Elements](#) (including the ACCME Standards for Commercial Support<sup>SM</sup>) and IMS policies. However, there are specific requirements for Internet CME because of the nature of the activities:

*Activity Location:* IMS accredited providers may not place their CME activities on a Web site owned or controlled by a “[commercial interest](#).”

*Links to Product Web sites:* With clear notification that the learner is leaving the educational Web site, links from the Web site of an IMS accredited provider to pharmaceutical and device manufacturers’ product Web sites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity.

*Transmission of information:* For CME activities in which the learner participates electronically (e.g., via Internet, CD-ROM, satellite broadcasts), all required information must be transmitted to the learner prior to the learner beginning the CME activity. All new CME activities released on or after January 1, 2008 must conform to this policy. Existing CME activities that are reviewed and re-released after January 1, 2008 must conform to this policy.

*Advertising:* Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads. For computer-based CME activities, advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleaved between computer ‘windows’ or screens of the CME content.

*Hardware/Software Requirements:* The accredited provider must indicate, at the start of each Internet CME activity, the hardware and software required for the learner to participate.

*Provider Contact Information:* The accredited provider must have a mechanism in place for the learner to be able to contact the provider if there are questions about the Internet CME activity.

*Policy on Privacy and Confidentiality:* The accredited provider must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CME activities it provides on the Internet.

*Copyright:* The accredited provider must be able to document that it owns the copyright for, or has received permissions for use of, or is otherwise permitted to use copyrighted materials within a CME activity on the Internet.

## **Joint Sponsorship**

*Note- The revised language below no longer includes the words “partnership” and “partners” to lessen the likelihood that a ‘joint sponsorship’ relationship would be inferred to be an actual legal partnership- which is something unintended by the ACCME/IMS (June 2005).*

Definition: Activity planning and presentation with a non-accredited provider.

Intent: The accredited provider shall accept responsibility that the [ACCME® Essential Areas and Elements](#) and IMS policies are met when educational activities are planned and presented in joint sponsorship with non-accredited providers.

The accredited provider must be able to provide to the IMS written documentation that demonstrates how each such jointly sponsored CME activity was planned and implements in compliance with the [ACCME® Essential Areas and Elements](#) and IMS policies. Material submitted can be from files of either the accredited provider or the non-accredited provider.

Note that if a jointly sponsored activity is found to be noncompliance with [content validation policies](#) or [policies for disclosure and commercial support](#), the accredited provider in the relationship may be asked to provide one or more monitoring program reports related to the issue. Additionally, when a non-accredited organization is associated with more than one ACCME/IMS monitoring decision of noncompliance related to either content validity or disclosure and commercial support, IMS will notify its accredited providers of the name of the non-accredited organization. Accredited providers that enter into a joint sponsorship relationship or have jointly sponsored activities with the non-accredited organization will be required to demonstrate compliance of those activities via a monitoring progress report.

All printed materials for jointly sponsored activities must carry the appropriate accreditation statement:

“This activity has been planned and implemented in accordance with ACCME® Essential Areas and Elements and Iowa Medical Society (IMS) policies through the joint sponsorship of (name of the 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.

(Name of the accredited provider) designates this education activity for a maximum of (number of hours activity is approved) AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.”

The IMS logo must also appear with the above 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-sponsored CME activities should use the directly sponsored activity statement, naming the one accredited provider that is responsible for the activity. IMS has no policies regarding specific ways in which provider may acknowledge the involvement of other accredited providers in their CME activities.

Providers who choose to initiate joint sponsorship subsequent to the granting of full accreditation or reaccreditation must notify the IMS of their intention to joint sponsor. This will assist IMS in ensuring that all activity formats are identified and reviewed at the time of reaccreditation.

In cases where two IMS accredited providers merge to become a new entity (or consortium), the initial application process will be omitted. There is a provision to waive the restriction of joint sponsorship in cases where the newly merged entity demonstrates the ability to provide such by demonstrating that: 1) previously presented joint sponsorship activities are available for review by IMS; 2) the provider is, at the time of initial IMS survey, deemed to be in at least substantial compliance with joint sponsorship policies and procedures; and 3) at least one of the pre-merger entities has been previously surveyed, and their ongoing joint sponsorship activities have been found to be in at least substantial compliance with joint sponsorship policies and procedures.

A provider which is placed on Probation may not jointly sponsor CME activities with non-accredited providers, with the exception of those activities that are contracted prior to the Probation decision. The provider must inform IMS of all existing joint sponsorship relationships, and notify its current contracted joint sponsors of its probationary status.

The IMS maintains no policy that requires or precludes accredited providers from charging a joint sponsorship fee.

### **Commercial Interests as Related to Joint Sponsorship**

A “commercial interest” is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. IMS does not consider providers of clinical services directly to patients to be commercial interests.

Commercial interests cannot be accredited providers nor can they be “joint sponsors.”

In joint sponsorship, either the accredited provider or its non-accredited joint sponsor can have control of the identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to

control the content of the CME, selection of educational methods, and evaluation of the activity. To maintain CME as independent from commercial interests, control of identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of educational methods, and evaluation of the activity cannot be in the hands of a commercial interest.

## **Journal-Based CME**

The "activity" in a journal-based CME activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s)), and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process.

IMS considers information required to be communicated before an activity (e.g., disclosure information, disclosure of commercial support, objectives), CME content (e.g., articles, lectures, handouts, and slide copies), content-specific post-tests, and education evaluation all to be elements of a journal-based CME activity.

Educational content must be within the IMS definition of [continuing medical education](#).

Journal CME activities must comply with all [ACCME® Essential Areas and Elements](#) (including the ACCME Standards for Commercial Support<sup>SM</sup>) and IMS policies. Because of the nature of the activity, there are two additional requirements that journal CME must meet:

1. The activity in a journal-based CME activity is not completed until the learner documents participation in that activity to the provider.
2. None of the elements of journal-based CME can contain any advertising or product group messages of "commercial interests." Disclosure information cannot contain trade names. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

## **Organizational Changes**

### **Contact Information**

In order to keep providers aware of important policy updates as well as information specific to their individual accreditation, IMS requires providers to promptly inform IMS of any personnel or organizational changes that could impact our ability to contact them. These types of changes include changes of address or phone number, and changes to the individual to whom providers would like IMS to send correspondence ("primary contact").

Changes may be reported via e-mail to IMS staff or by phone the IMS at (515) 223-1401.

The IMS considers the names and contact information for providers accredited by both ACCME and IMS to be public information, and provides lists of these names to the public, accordingly.

### **Corporate Change**

(IMS has a Corporate Change policy (97-A-15), however ACCME's policy is more detailed and stringent, due to the "Markers of Equivalency" IMS policies must meet or exceed ACCME policies.)

If an IMS accredited provider undergoes a corporate change, resulting, for instance, from a merger or acquisition, IMS expects to be made aware of the change as soon as possible so that IMS can work through the transition with the organization.

Keep in mind that IMS accreditation was awarded to the organization that sought the accreditation and was able to demonstrate compliance with [ACCME® Essential Areas and Elements](#) and IMS policies. For this reason, an organization cannot become an accredited provider by purchasing or merging with an organization that is already accredited.

Similarly, when an accredited provider undergoes **significant** organizational change, for example, becoming partially owned by a commercial interest or losing its 501(c) IRS tax status, IMS considers the provider to be significantly different than the organization which was accredited. Therefore, in these cases, the IMS will expect the provider to cease providing CME as an IMS accredited provider. IMS will set a date of non-accreditation for these providers.

IMS will also withdraw a provider's accreditation if the provider is dissolved, or ceases to exist as a result of a merger, acquisition or dissolution.

When two or more IMS accredited providers merge, the IMS will consider that all but one of the accredited providers will cease to exist as an entity. The name of the remaining provider may be changed to reflect or include the name(s) of the former provider(s). The remaining provider must assume responsibility for unfinished CME activities and/or unexpired enduring materials of the provider(s) with which it merged, and must maintain activity registration records for six years for the provider(s) with which it merged.

IMS considers the names of providers that are no longer accredited due to corporate change to be public information, and provides lists of these names to the public, accordingly.

New providers created through corporate change must submit a pre-application as a first step towards initial IMS accreditation.

### **Reconsideration Materials**

Only material which was considered at the time of the survey may be reviewed upon reconsideration.

Data from an accredited provider's "Annual Report(s)" and other interval monitoring instruments administered by the IMS will be included in the materials provided to the IMS' accreditation review process for the consideration of that provider's application.

## **Records Retention**

Specific CME activity records must be maintained by all accredited providers. Records retention requirements relate to the following two topics: **Attendance Records** and **Activity Documentation**.

**Attendance Records:** An accredited provider will 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 IMS 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 12 months, whichever is longer. Maintenance of this documentation enables the provider, at the time of re-accreditation, to show IMS how the activities it provided during its current term of accreditation were compliant with all [ACCME® Essential Areas and Elements](#) (including the ACCME Standards for Commercial Support<sup>SM</sup>) and IMS policies. For guidance on the nature of documentation that IMS will expect to review at the time of reaccreditation, peruse the IMS' [Documentation Review for a CME Activity](#) that accreditation surveyors use.

Additionally, if IMS receives a complaint about an accredited provider, and the complaint relates to the provider's implementation of one or more [ACCME® Essential Areas and Elements](#) or IMS policies, IMS may ask the provider to respond to the complaint according to [IMS' Procedure for Handling Complaints/Inquiries](#). The length of time during which an accredited provider must be accountable for any complaints/inquiries received by the IMS is limited to 12 months from the date of the activity, or in the case of a series (RSS), 12 months from the date of the activity which is in question.

## **Reevaluation**

The IMS may re-evaluate an institution/organization at any time less than the period specified for resurvey if information is received from the institution/organization itself, or from other sources, which indicated it has undergone substantial changes and/or may no longer be in compliance with the [ACCME® Essential Areas and Elements](#) and IMS policies.

For programs on which the IMS Committee on CME Accreditation has been unable to reach a decision, the Committee co-chairs will review all the information available regarding the provider's application for accreditation, consider the problem, and make a decision.

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

IMS defines “regularly scheduled series”, as weekly or monthly CME activities that are primarily planned by and presented to the provider’s professional staff. Providers that furnish these types of activities must describe and verify that they have a system in place monitor these activities’ compliance with [ACCME® Essential Areas and Elements](#) (including the ACCME Standards for Commercial Support<sup>SM</sup>) and IMS policies. The monitoring system must:

1. Be based on real performance data and information derived from the RSS that describes compliance (in support of [ACCME® Essential Areas and Elements](#) 2.1, 2.5 and 3.1 – 3.3).
2. Result in improvements when called for by this compliance data (in support of [ACCME® Essential Areas and Elements](#) 2.4, 2.5 and 3.1).
3. Ensure that appropriate letters of agreement are in place whenever funds are contributed in support of CME (in support of [ACCME® Essential Areas and Element](#) 3.3).

Also, the provider is required to make available and accessible to the learners a system through which data and information on a learner’s participation can be recorded and retrieved. The critical data and information elements include: learner identifier, name/topic of activity, date of activity, hours of credit designated or actually claimed. IMS limits the provider’s responsibility in this regard to “access, availability and retrieval.” Learners are free to choose not to use this available and accessible system.

## **Rescheduling Accreditation**

If a provider scheduled for re-accreditation review cannot meet the IMS schedule for submission of application and site survey, then the accreditation term may be extended once, by four months, in order to complete these steps.

The accreditation status of a provider will automatically revert to non-accreditation at the end of their accreditation term unless the IMS has taken action to extend their term of accreditation, or a new accreditation decision has been rendered by the IMS.

## **Site Survey**

As part of the initial application process, a provider seeking accreditation must fulfill two requirements with respect to its on-site survey location. It must have a survey at its administrative offices and it must have a continuing medical education activity reviewed. There is no prescribed order for the two requirements, but the first survey must take place prior to provisional accreditation, and both requirements must be completed prior to full accreditation.

Initial surveys will be conducted on-site; surveys for continued accreditation may be “reverse-site,” on-site or tele-video surveys at the discretion of the IMS Committee on CME Accreditation.

The IMS regards the accreditation site visit as a voluntary, information seeking activity and does not consider it to be an adversarial process. Consequently, it does not permit attorneys to attend

or participate as legal counsel for providers in on-site or reverse-site visit proceedings. If a provider disagrees with an adverse decision made by the IMS regarding its accreditation status, it may follow the procedures for reconsideration and appeal. Legal counsel may participate in the appeal process.

IMS staff, after review of the submitted application, will contact the program director of the institution/organization to be surveyed to develop an agenda for the survey.

### **Mandatory On-Site Surveys**

The IMS has the authority to call for an on-site survey at any time. Surveys for continued accreditation may be reverse-site, on-site or by tele-video at the discretion of the IMS.

On-site surveys must be conducted under any of the following conditions:

1. During initial accreditation.
2. At the next review of a provider placed on probation.
3. When there is a significant change in the provider's ownership, mission, or volume of CME activities. The on-site survey may be conducted at the next scheduled review, or immediately.

On-site surveys may be conducted under any of the following conditions:

1. As a result of the review of a complaint/inquiry. The on-site survey may be conducted at the next scheduled review, or immediately.
2. Whenever a provider has had significant difficulties in demonstrating compliance with one or more of the [ACCME® Essential Areas and Elements](#) and IMS policies during a review. The on-site survey may be conducted at the next scheduled review, or immediately.
3. Whenever there is insufficient information following a reverse-site survey on which to make an accreditation recommendation. In this case, the IMS Committee on CME Accreditation would recommend only that an on-site survey be conducted immediately and would defer a recommendation on accreditation.

“On-site” resurveys may occur at sites other than the provider’s administrative or educational offices if the provider is able to provide the surveyors with 1) all records or files that will be needed; 2) the opportunity to interact with the CME principles of the applicant; and 3) appropriate meeting rooms in which to conduct their survey work. The provider must agree prior to the on-site resurvey that if for any reason the surveyors determine that they will be unable to thoroughly assess the provider’s compliance with the [ACCME® Essential Areas and Elements](#) and IMS policies, then a second “on-site” resurvey at their offices will be scheduled within 60 days and will be conducted at the expense of the provider.

In those instances when an on-site survey for continued accreditation is either directed or requested, the travel and related surveyors’ expenses will be paid by the institution/ organization, in addition to the survey fee.

A member of the IMS Committee on CME Accreditation will act as a “counselor” to the site survey team when necessary.

## **Surveyors**

The IMS accreditation surveys will generally be conducted by two surveyors. If the IMS is informed that a site surveyor is unable to participate in a scheduled survey and all attempts to obtain another surveyor of equal qualifications have failed, then IMS staff is at liberty to use discretion to resolve the situation. Exceptions might include, but are not limited to, not requiring that both surveyors be present in person (one surveyor might participate via teleconference), the use of the IMS staff liaison as a substitute, or assigning one surveyor as the primary surveyor and one as the secondary surveyor, with the secondary surveyor reviewing the application prior to the survey and discussing his/her findings with the primary surveyor prior to the actual survey. The provider reserves the right to request that the survey be rescheduled.

Surveyors cannot have been appointees or employees of, or consultants to, the providing institution for at least two accreditation cycles. Surveyors may not accept a survey assignment if they have relatives who are appointees or employees of the providing institutions. Surveyors whose participation in an accreditation survey may give rise to a conflict of interest or the appearance of a conflict of interest may not accept assignments. It is inappropriate for providers or applicants to request specific surveyors. Providers may request, in writing, that one or both surveyors be removed from the survey team. Rationale for requests for substitution of surveyors cannot be based on discriminatory factors such as race, gender, age, or provider’s opinions about the surveyor. The rationale to substitute a surveyor due to a conflict of interest must be based solely on the relationship between the provider and the surveyor.

Site surveyors will receive evaluation forms completed by the provider/applicant, only after the IMS Committee on CME Accreditation has taken action on the provider's application for accreditation.

## **Types and Duration of Accreditation**

The effective date of accreditation is the date of the accreditation survey by members of the IMS Committee on CME Accreditation.

### **Provisional Accreditation**

- Standard status for initial and first-time applicants.
- Two year term.
- Given to providers compliant with criteria 1 to 3 and 7 to 12 of the [ACCME® Essential Areas and Elements](#).
- One extension of up to two years may be given.
- Provisional Accreditation may also be given when an accredited organization’s program is so altered that it is essentially a new program.
- Provisionally accredited providers that seriously deviate from compliance will receive Non-Accreditation status. These providers are not eligible for Probation status.

## **Accreditation**

- Standard period of Accreditation is four years.
- To achieve continued accreditation, providers must be found in compliance with criteria 1 to 15 of the [ACCME® Essential Areas and Elements](#).
- Non-compliance with any of the [ACCME® Essential Areas and Elements](#) criteria 1 to 15 will necessitate a progress report and/or focused or full survey.
- Failure to demonstrate compliance in the progress report and/or focused or full survey may result in [Probation](#).

## **Accreditation with Commendation**

- Available to reaccreditation applicants only.
- Associated with a six year term.
- The IMS Committee on CME Accreditation may ask for a progress report during the accreditation to ensure that standards are being maintained.
- To achieve Accreditation with Commendation, providers must be in compliance with [ACCME® Essential Areas and Elements](#) Criteria 1 to 15 and seven additional criteria, Criteria 16 to 22.
- Providers that meet the criteria for Accreditation with Commendation but have a criterion in non-compliance, may be eligible to receive Accreditation with Commendation status and a term extension of two years only once they have demonstrated through a progress report compliance with the element(s) that were previously in non-compliance. IMS will consider a provider eligible for a change in accreditation status if the provider is able to demonstrate that the issue(s) in question was brought into compliance within the first two years of the current accreditation term.

## **Probation**

- An accredited program that seriously deviates from compliance with the accreditation requirements may be placed on Probation.
- May result from a provider's failure to demonstrate compliance in a progress report.
- Providers who receive Probation at reaccreditation receive the standard four-year term of accreditation for two years, maximum. Accreditation status, and the ability for a provider to complete the four-year term, will resume when a progress report is received, validated, and accepted by IMS.
- May not be extended. Providers on Probation that fail to demonstrate compliance with all ACCME/IMS requirements within two years will receive Non-Accreditation status.

## **Non-Accreditation**

Although decisions of Non-Accreditation are rare, IMS reserves the right to deliver such decision under any of the following circumstances:

- After the initial survey. To achieve Provisional Accreditation, first-time applicants must be found in compliance in all [ACCME® Essential Areas and Elements Criteria](#) 1 to 3 and

7 to 12. Initial applicants who receive Non-Accreditation status may not be review again by IMS until one year from the date of the IMS meeting at which the decision was made.

- After Provisional Accreditation. Provisionally accredited providers that seriously deviate from compliance will receive Non-Accreditation status. These providers are not eligible for Probation.
- After a progress report. For accredited providers on Probation, Non-Compliance with any one of the criteria will be cause for Non-Accreditation.

The effective date for Non-Accreditation is usually one year from the IMS decision. For more egregious cases, a shorter time fame may be assigned. IMS will confirm in writing the specific date on which the provider's accreditation will end. A provider who receives Non-Accreditation is responsible for payment of all fees and submission of all required reports until the effective date of the Non-Accreditation. Failure to do so will result in immediate Non-Accreditation. IMS waives the requirement of an initial application for the provider that chooses to submit an initial Self Study Report during the one-year time period prior to the effective date of Non-Accreditation. The process and standards for review of newly Non-Accreditation applicants are the same as for all other applicants.

The ACCME considers the names of providers whose accreditation has been withdrawn by either ACCME or IMS to be public information, and provides lists of these names to the public, accordingly.