



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 or by phone at (515) 223-1401, ext. 207.

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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.

- CME Activity List
- Performance-in-Practice Review Labels

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.

Date (in months prior to accreditation expiration)	Milestone
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.
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 about Materials

The materials submitted to IMS, in any format, must not contain any untrue statements, must not omit any necessary material facts, must not be misleading, must fairly present the organization, and are the property of the organization.

Materials submitted for accreditation (self study report, activity files, other materials) must not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability ACT (HIPAA).

Missing or Incomplete Information

Meeting all of the deadlines in the reaccreditation review process will result in an accreditation decision from the IMS. Please note: in some cases IMS is unable to render a decision due to missing or incomplete information. If this occurs, IMS reserves the right to request additional information, the expenses for which will be borne by the provider.

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 defines RSS as an educational activity that is presented as a **SERIES** of meetings which occur on an ongoing basis (e.g., weekly, monthly, or quarterly) and is primarily planned by and presented to the accredited organization's own professional staff. Examples of RSS are Grand Rounds, Tumor Boards, and M&M Conferences. Each RSS is made up of multiple sessions, or individual meetings, that occur on regular intervals.

RSS will be included as part of the performance-in-practice review process. To demonstrate compliance with RSS selected for performance-in-practice review, providers must present:

1. A description of the monitoring system applied to collect and analyze data regarding the compliance of the selected RSS and a summary of the RSS monitoring data collected, along with your analysis and compliance conclusions and any needed improvements identified and implemented;

OR

2. Documentation from the planning, implementation, and evaluation of the selected series

Contents of the Self Study Report

I. Introduction

- A. Self Study Report Prologue.
 - 1. Describe a brief history of your CME program.
 - 2. Describe the leadership and structure of your CME program.
- B. CME Activity List (a list of your CME activities for the current period of accreditation as submitted electronically to IMS and updated, if necessary).

II. Essential Area 1: Purpose and Mission (Criterion 1)

- A. **Attach** your CME mission statement. 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. (C1)

III. Essential Area 2: Educational Planning (Criteria 2-7, SCS 1) and IMS Policies

The next set of items is designed to gather information on your educational planning process. **Describe** the following components of your planning process:

- A. How you identify the educational needs of your learners (C2)
- B. That you connect these needs to professional practice gaps (C2)
- C. How you incorporate these needs into CME activities (C2)
- D. What your activities are designed to change: competence, and/or performance, and/or patient outcomes? (C3)
- E. How you design your activities to achieve these changes (C3)
- F. How your organization, at the CME program or activity planning level, matches the content of your activities to what your learners currently or may do (i.e., their current or potential scope of practice) (C4)
- G. What educational formats (i.e., activity type and methodology) you use and why you use them (C5)
- H. How the formats are appropriate to the setting, objectives, and desired results of an activity (C5)
- I. That your activities are planned within the context of desirable physician attributes (e.g., ABMS/ACGME Competencies, IOM Competencies) (C6)

- J. How your organization ensures independence from commercial interests in the above planning steps, and others, as listed here: (a. identification of needs; b. the determination of educational objectives; c. the selection and presentation of content; d. the selection of all persons and organizations in a position to control the content; e. the selection of educational methods, and f. the evaluation of the activity (C7 SCS 1)
- K. Include two activity examples that illustrate your described planning process. For each activity example, explicitly identify and/or describe the:
 - 1. The problem, or professional practice gap the activity was addressing (C2)
 - 2. The educational need that was underlying this gap for your learners (C2)
 - 3. What the activity was designed to change (competence, performance, or patient outcomes) (C3)
 - 4. Format of the activity (C5)
 - 5. The desirable physician attribute associated with the activity (C6)
- L. Describe the mechanism your organization uses to verify physician participation for six years from the date of your CME activities.
- M. Include one example that demonstrates your practice to verify physician participation.

IV. Essential Area 2: Educational Planning: ACCME Standards for Commercial Support – Identification and Resolution of Conflicts of Interest and Disclosure (Criterion 7, SCS 2 and SCS 6)

- A. **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)
- B. **Describe** the mechanism(s) used to identify conflicts of interest prior to an activity. (SCS 2.3)
- C. **Describe** the mechanism(s) uses to resolve conflicts of interest prior to an activity. (SCS 2.3)
- D. **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.
- E. **Include two activity examples** that illustrate your descriptions above. For each activity example, explicitly show and/or describe:
 - 1. Who was in a position to control educational content, specifying their role (e.g., planner, faculty, reviewer, staff) (SCS 2.1)
 - 2. That all individuals in control of content disclosed to your organization relevant financial relationships with commercial interests, including verification that individuals who refuse to disclose are disqualified; (SCS 2.1)

3. The mechanisms you implemented to identify and resolve conflicts of interests prior to the activity; (SCS 2.3)
4. Disclosure to learners, prior to the beginning of the activity, of the presence or absence of relevant financial relationships of all who controlled content.
5. If applicable, disclosure to learners, prior to the beginning of the activity, of the source(s) of support from commercial interests. (SCS 6.1-6.5)

V. Essential Area 2: Educational Planning: ACCME Standard for Commercial SupportSM—Management of Funds (Criterion 8)

All providers must respond to items A-B, 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)

Note: Organizations accepting commercial support, respond to C-E, if not go to Section VI.

- C. **Describe** the process(es) for the receipt and disbursement of commercial support (both funds and in-kind support). (SCS 3.1)
- D. **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)
- E. **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 SupportSM. (SCS 3.4-3.6)

VI. Essential Area 2: Educational Planning: ACCME Standard for Commercial SupportSM—Separation of Education from Promotion; Promotion of Improvements in Healthcare (Criteria 9-10)

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 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 statement¹. (Policy of Content Validation)

VII. Essential Area 3: Evaluation and Improvement (Criteria 11-15)

- A. You are required to have data about the changes your activities have achieved. Provide IMS with a summary of those data. (C11)
- B. What were the conclusions drawn from analysis of these data? (C11)
- C. Based on the review of the data and information as described in your responses to questions A-B, describe your conclusions regarding your organization's success at meeting its CME mission? 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)
- D. As a result of your program-based analysis, what changes did you **identify** that could help you better meet your CME mission? (C13)
- E. Based on the changes you identified that could be made, describe the changes to your program that you have **implemented**. (C14)
- F. How have you measured the impact of these implemented changes on your organization's ability to meet its CME mission? (C15)

¹ 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.

VIII. 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. Include **examples** of 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** those factors. 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** these strategies. 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, **describe** these relationships. 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. 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 how your organization is 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.
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 and IMS Standards for Commercial Support-Independence (C2-C7 SCS1) and IMS Policies
- IV. Essential Area 2: Educational Planning: IMS Standards for Commercial Support-Identification and Resolution Conflict of Interest and Disclosure (C7 SCS 2 and SCS 6)
- V. Essential Area 2: Educational Planning: IMS Standards for Commercial Support-Management of Funds (C8)
- VI. Essential Area 2: Educational Planning: IMS Standards for Commercial Support-Separation of Education from Promotion; Promotion of Improvements in Healthcare (C9 and C10)
- VII. Essential Area 3: Evaluation and Improvement (C11-C15)
- VIII. Essential Area 3: Engagement with the Environment: Level 3/Accreditation with Commendation (C16-C22)

Example Table of Contents

	<u>Page Number</u>
V. Essential Area 2: Educational Planning : IMS Standards for Commercial Support-Management of Funds (C8)	
A. Attach your written policies and procedures governing honoraria and reimbursement of expenses for planners, teachers, and/or authors (SCS 3.7-3.8).	45
B. Describe how you ensure that social events do not compete with or take precedence over educational activities. (SCS 3.1).	50

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 or intersperse throughout the narrative. 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. Do not use plastic sleeves for single pages or multi-page documents (i.e. brochures, handouts, etc.). Copy pertinent excerpts to standard paper for inclusion in the binder.
9. Submit three copies to IMS. Be sure to keep a separate copy for your use during the survey/interview.
10. Prepare one electronic copy of the self study report narrative and attachments (in addition to the three binders), bookmarked according to the outline on pages 8-12 of the guide, as a single PDF file on either a CD-Rom or flash drive.

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:

Kara Bylund
Iowa Medical Society
1001 Grand Avenue
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.

Step 2 – Print the tabs

The template is preformatted to print on standard blank, printable 8-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> <p>A. Self Study Report Prologue.</p> <ol style="list-style-type: none">1. Describe a brief history of your CME program.2. Describe the leadership and structure of your CME program. <p>B. CME Activity List (a list of your CME activities for the current period of accreditation as submitted electronically to IMS and updated, if necessary).</p>	<p>Introduction</p>
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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. 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. Providers must include such materials in labeled evidence to verify compliance.

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 evidence of performance-in-practice for the activities selected.

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 (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 2009, your list should include all accredited CME activities offered, or scheduled to be offered, from December 1, 2009 through November 30, 2013.

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 2009 activities, first courses, then enduring materials, then journal-based CME, etc. Then, list all 2010 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. Organizations that produce Regularly Scheduled Series (RSS) must list these activities by year and series (e.g. department). Do not list each daily, weekly, monthly, or quarterly session.

- IMS defines RSS as daily, weekly, monthly or quarterly 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.
- If you are not certain whether an activity should be categorized as an RSS, contact IMS for assistance.

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 figure 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. 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: Selecting 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 e-mail 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.
- 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.

Instructions for Preparing Materials for IMS Performance-in-Practice Review

“Going Green”

IMS encourages providers to submit their evidence of performance-in-practice in electronic format as PDF files on a CD-Rom or flash drive, which will have the benefit of conserving material resources, energy, space, and shipping costs. The ACCME and other State Medical Societies have tested this format with a number of providers, all of whom have indicated that electronic formatting did not require additional time or resources to implement. Organizations whose own filing systems were electronic found this option to be easier and preferable to hard copy submission. If your organization would like to submit its performance-in-practice materials electronically, please contact Kara Bylund to make the necessary arrangements.

The following are instructions for hard copy submission:

Step A-Downloading the Labels

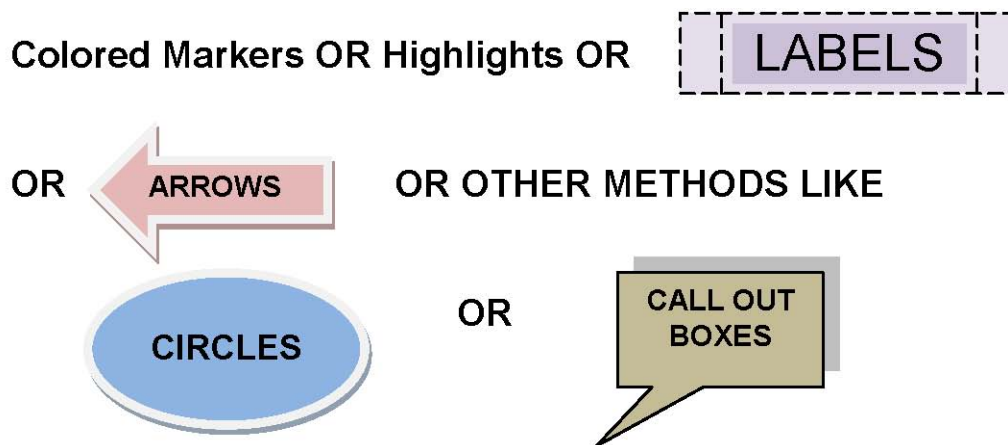
Download the IMS Documentation Review Labels. The label template is pre-formatted to print onto *Avery Standard File Folder Labels #5266*. White or color labels are acceptable.

Step B-Labeling Your Evidence to Support Compliance

- Insert the corresponding label on the **first page** of the evidence, or on a **coversheet** (when there are multiple pages), that supports each Criterion or Policy identified on the label.
- Present materials that you developed and utilized for the activity to help your organization demonstrate compliance. A review of your organization's performance-in-practice is not intended to cause you to generate new or additional documentation.

- Use discretion in selecting only evidence that relates specifically to compliance criteria. IMS does not need to see the entire working file, every sign-in sheet, every completed activity evaluation form, faculty CVs, slide packets or other handouts in their entirety in or to verify compliance.
- Please note, however, that signed written agreements for all commercial support received must be presented, along with a list of the commercial supporters, if commercial support was received. Also, evidence of disclosing the presence or absence of relevant financial relationships to learners for all persons in control of content must be provided, along with a list identifying all persons in control of content with their names and their roles e.g., planners, faculty, reviewers, staff.
- If multiple criteria and/or policies are addressed on one document (such as a course brochure or syllabus page), you may place more than one label on the document.
- *Blank forms and checklists alone do not verify performance-in-practice.*
- Evidence supporting compliance for Regularly Scheduled Series may be in the form of monitoring data or in the form of direct evidence from the planning and implementation of the series. If presenting direct evidence, affix the performance-in-practice labels to series documentation as you would for any activity.

Once you have inserted the label to the evidence or coversheet, **HIGHLIGHT** with . . .



...to pinpoint in the materials your demonstration of compliance. One sentence or paragraph within a five-page document may be your demonstration of compliance. It is important that you use your evidence to demonstrate how and where you are in compliance.

Expectations of Performance-in-Practice with Regard to the 2006 Accreditation Criteria

IMS expects that your organization has been transitioning to the 2006 Accreditation Criteria. IMS's accreditation process is sensitive to this transition and will seek information regarding the status of your organization's implementation process and timeline.

Your organization may not have evidence to demonstrate that a Criterion was met in an activity because

1. The date of the activity precedes your organization's implementation of the Criterion listed on the label; or
2. The Criterion is not applicable to the activity.
3. If you do not have evidence to demonstrate that the activity meets the Criterion, place the label for the criterion on a sheet of paper and explain why there is no evidence. For example, "No evidence because the date of the activity preceded our organization's implementation of the 2006 Accreditation Criteria," or "No commercial support accepted for this activity."

Step C-Assembling an Activity File

1. Labeled evidence for each activity selected must be submitted in an 8 ½ "by 11" file folder; do NOT submit evidence in binders.
2. Affix a label on the front cover of the file folder that specifies:
 - Full name of organization (no acronym)
 - Activity title as it appears on the CME Activity List
 - Activity date and location as it appears on the CME Activity List; any variation must be explained
 - 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
 - If commercial support was accepted

Step D – Enclose the CME Product

Please submit the **CME product** in its entirety for each **Internet, journal-based and/or enduring material CME activity** selected in addition to the labeled evidence for these activities. 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 a 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.

Submitting Materials to IMS

Organizations must ship the following materials to IMS:

1. Three self study report binders
2. One electronic copy of the self study report as a single PDF file on either a CD-Rom or flash drive
3. One set of your evidence of performance-in-practice for the identified activities
4. One copy of the CME product(s) for any enduring materials, Internet, or journal-based CME activities selected

Do not ship original documents. Activity files will not be returned.

Retain a duplicate set of materials including the self study report and labeled evidence of performance-in-practice for their own reference at any time during the accreditation process, but especially at the time of the accreditation interview. If the need arises, the IMS may ask for a second copy of a file or set of files.

Materials must be shipped via a method that has a reliable electronic, web-enabled delivery tracking system to the following address:

Kara Bylund
Iowa Medical Society
1001 Grand Avenue
West Des Moines, IA 50265

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 or 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.