

ACCREDITATION OF INTRASTATE PROVIDERS OF CONTINUING MEDICAL EDUCATION

**ACCREDITATION PROGRAM:
Essential Areas and Elements
Glossary of Terms
Accreditation Policies**

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**Illinois
State
Medical
Society**

INTRODUCTION

The Accreditation Council for Continuing Medical Education (ACCME) recognizes the Illinois State Medical Society (ISMS) as the authorized body for conducting a voluntary accreditation program for institutions and organizations providing intrastate continuing medical education (CME) in the state of Illinois.

The ISMS seeks to improve the quality of CME and to assist physicians in identifying CME programs which meet acceptable standards by evaluating and granting recognition to institutions or organizations whose CME programs substantially comply with the Essential Areas. Accreditation is granted on the basis of the provider's demonstrated ability to plan, implement evaluate CME activities in accordance with the Essential Areas.

It is important to note that, as an accreditor, ISMS does not certify **individual** CME activities for credit. Institutions and organizations are accredited for their **overall** program of CME. The overall program consists, at least in part, of one or more educational activities, developed according to these Essential Areas. The designation of credit for specific CME activities is **not** within the purview of ACCME or ISMS as accrediting bodies, but it is the responsibility of the accredited provider (e.g., hospital or specialty society).

ISMS GLOSSARY OF TERMS

Accreditation: The decision by the ISMS that an organization has met the requirements for a CME provider as outlined by the ISMS.

Accreditation Decisions: The types of accreditation offered, and awarded by the ISMS, to providers. They include provisional accreditation, full accreditation, probationary accreditation and non-accreditation.

Accreditation Statement: The standard statement that must be used by all accredited providers. All CME providers accredited by the Illinois State Medical Society shall use the appropriate accreditation statement, which includes the ISMS logo, for those CME activities conducted as part of the provider's accredited CME program. There are three different statements that can be used depending on the number and relationships of the organizations involved in planning and implementing the activity. See CME activity.



Directly sponsored activity accreditation statement: *The (name of the accredited provider) is accredited by the Illinois State Medical Society to provide continuing medical education for physicians.*



Jointly sponsored activity accreditation statement: *This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Illinois State Medical Society (ISMS) through the joint sponsorship of (name of accredited provider) and (name of non-accredited provider). The (name of the accredited provider) is accredited by the Illinois State Medical Society to provide continuing medical education for physicians.*



Co-sponsored activity accreditation statement: *This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Illinois State Medical Society (ISMS) by (name of the accredited provider 1 and accredited provider 2). The (names of the accredited providers) are accredited by the Illinois State Medical Society to provide continuing medical education for physicians.*

The accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general, preliminary information about the activity like the date, location, and title. If more specific information is included, like faculty and objectives, the accreditation statement must be included. Credit designation statements are required by the American Medical Association, see Credit Designation Statement.

Accreditation Site Survey: A form of data collection by the ISMS that includes a review of the organization (mission, relationships), documentation, and activities of the accredited provider. The survey will be conducted in-person at the site of the accredited institution/organization, or its activity. Its purpose is to gather data about who is responsible for the CME program and activities, how documentation is accomplished, and how well the Elements of the Essential Areas are applied.

Action Plan: A plan submitted to ISMS by the accredited provider 90 days after receipt of the Committee Decision following a site survey. The plan must identify strategies that will be implemented to address recommendations in the Committee Decision to will bring the provider into full compliance with the Essentials. The action plan will be the basis for the Committee's evaluation of the provider's Interim Report. See Interim Report.

Activity Review: The form of data collection that allows the ISMS to observe an activity and document compliance with the requirements for accreditation. This review usually occurs during an on-site accreditation survey and is required for all applicants.

Accreditation Terminology: In order to ensure that the Committee on CME Accreditation and site surveyors have the same understanding of the quality of the a provider's CME program, the Committee on CME Accreditation has developed standard accreditation terminology and definitions to be used in the Surveyors Report and Committee Decision Report.

Commendation -- A formal citation recognizing an exemplary or innovative process, procedure or activity which might serve as a model for others.

Recommendations – Specific changes in activities, policies and/or procedures necessary to bring potential or substantial compliance with the Essential Area or Element up to full compliance.

Suggestions – Changes that may enhance or improve compliance.

Comments – Positive or negative suggestions or observations which are not factors in the accreditation, but which are offered to improve some aspect of the program or to compliment the provider for activities which are above average, but are not considered worthy of a commendation.

Deficiency – A citation describing variance from or non-compliance with the Essential Area or Element. Deficiencies often have a significant adverse impact on the process of providing CME. Deficiencies require corrective action.

Classifications of Compliance with Updated Criteria for Compliance: Based on the Updated Accreditation

Criteria, the ISMS Committee on CME Accreditation will determine the level at which the provider is judged to be meeting the standard of practice for the Element(s) in the three Essential Areas. The findings could be one of three levels of compliance:

1. **Full Compliance:** The level at which the provider is consistently meeting the standard of practice for the judged element.
2. **Exemplary Compliance:** The provider exceeds the standard of practice for the judged element
3. **Noncompliance:** The provider is not meeting the standard of practice for the judged element.

CME Activity: An educational event for physicians, which is based upon identified needs, has a purpose or objectives, and is evaluated to assure the needs are met. Activities can be classified as being directly, jointly or co-sponsored.

Directly sponsored activity -- An activity planned and implemented by the ISMS accredited provider of CME.

Jointly sponsored activity -- An activity planned and implemented by an ISMS accredited provider working collaboratively with a non-accredited entity. The accredited provider must ensure compliance with the ISMS Essential Areas and Policies and therefore take responsibility for the activity as indicated in the accreditation statement.

Co-sponsored activity – An activity planned and implemented by two or more ISMS accredited providers working in partnership. One of the accredited providers must ensure compliance with the ISMS Updated Criteria for Compliance and Policies, and therefore take responsibility for the activity.

Commercial Interest: The institutions or organizations that provide financial or in-kind assistance to a CME program or for a CME activity. The definition of roles and requirements when commercial support is received are outlined in the Standards of Commercial Support.

Committee on CME Accreditation: The Committee on CME Accreditation is responsible for the ISMS intrastate accreditation program. The committee, which reports directly to the ISMS Board of Trustees, adopts the necessary procedures and prescribes forms to be used in the conduct of CME accreditation. It reviews applications and survey team reports for intrastate providers, and makes decisions on the granting of initial accreditation and continuation of accredited status. The committee also takes a leadership role in providing education for continuing education planners and surveyors.

Competence: knowing how to do something; a combination of knowledge, skills and performance...the ability to apply knowledge, skills and judgment in practice. The simultaneous integration of knowledge, skills, and attitudes required for performance in a designated role and setting.

Competency: An underlying characteristic...causally related to effective or superior performance in a job.

Continuing Medical Education (CME): Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

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

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

Providers are not eligible for ISMS 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.

Co-sponsored Activity: A CME activity presented by two or more accredited providers. One institution must take responsibility for the activity, ensure compliance with the Updated Criteria for Compliance and keep appropriate documentation. This provider is the one to be listed in the accreditation statement.

Course: A live CME activity where the learner participates in person and which is planned on a one-by-one basis and designated for credit as a single activity. Examples of courses include annual meetings, seminars, and conferences.

Credit: The "currency" assigned to **hours** of CME. Requirements for the designation of credit are determined by the organization responsible for the credit system, e.g., *AMA PRA Category 1 Credit*[™], AAFP (Prescribed and Elective Credit), ACOG (Cognates). This is not applicable when the hourly matrix is not used, e.g., process improvement CME.

Credit Designation Statement: The American Medical Association (AMA) requires all CME activities

certified for credit in the Physician's Recognition Award (PRA) to specify the number of credits designated for the educational activity. Please see the AMA PRA Information Booklet for the most current wording of the credit designation statement.

Criteria: The levels of performance and/or accomplishment required by the ISMS of an accredited provider for each Essential Area Element.

Cultural Competency: Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989).

Desirable Physician Attributes: The characteristics which are required to deliver medical care that will provide the most benefit to the patient population being served. Examples of desirable physician attributes, from the Institute of Medicine, the ACGME and ABMS, include medical knowledge, working in interdisciplinary teams, utilize informatics, professionalism, systems-based practice, etc. (See www.abms.org, www.acgme.org, www.iom.edu/cms/3809/4634/5914.aspx)

Designation of CME Credit: The declaration that an activity meets the criteria for a specific type of credit. In addition, designation relates to the requirements of credentialing agencies, certificate programs or membership qualifications of various societies. The accredited provider is responsible to these agencies, programs and societies in the matter of designation of credits and verifications of physician attendance. For correct wording of credit designation statement, contact the appropriate organization, such as the American Medical Association.

Directly sponsored activity: An activity planned and implemented by the ISMS accredited provider of CME.

Documentation Review: The form of data collection that allows the ISMS to determine if the required documentation of the standards presented in the Elements of the Essential Areas has occurred. This review occurs during an accreditation site survey.

Elements: The descriptors of performance in each Essential Area that must be met to be an accredited provider.

Enduring Materials: Enduring materials are printed, recorded or computer presented CME activities that may be used over time at various locations and which, in themselves, constitute a planned activity. The provider creates the content for an enduring material.

Essential Areas: The three categories of standards necessary to become an accredited provider. They are Purpose and Mission, Educational Planning and Engagement with the Environment.

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

Illinois State Medical Society (ISMS): The ISMS sets the standards for the accreditation of intrastate providers of CME activities.

Interim Report: A report prepared for the ISMS by the accredited provider at the mid-point of its accreditation cycle which communicates changes in the provider's program including those needed to

demonstrate compliance with the Elements that were found in partial compliance, or non-compliance, during the most recent accreditation review.

Joint Sponsorship: of a CME activity by two institutions or organizations when only one of the institutions or organizations is accredited. The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a non-accredited institution or organization, and must use the appropriate accreditation statement. Provisionally accredited providers may engage in joint sponsorship; however, in order to do so, the provisionally accredited provider will have to notify ISMS of its intention and would have to submit the first CME activity to ISMS for administrative review before *AMA PRA Category 1 Credit™* could be designated.

Learning from Teaching: A CME activity based on the physician learner's preparation to teach in a live CME activity. See the AMA PRA booklet on assigning credit for teaching Category 1 live activities.

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

Non accreditation: The accreditation decision by the ISMS that an organization has not demonstrated the standards for a CME provider as outlined by the ISMS.

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

Participant: An attendee, primarily physicians, engaged as a learner or student at a CME activity.

Performance: What one actually does, in practice. Performance is based on one's competence but is modified by system factors and the circumstances.

Performance Improvement: Performance is a CME activity in which a provider has established a process by which a physician identified an educational need through a measure of his/her performance in practice, engages in educational experiences to meet the need, integrates learning into patient care and then re-evaluates his/her performance.

Periodic Basis: Once per accreditation cycle or unless otherwise specified.

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

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

Professional Practice Gap: The difference between actual and ideal performance and/or patient outcomes. The difference between present treatment success rates and those thought to be achievable using best practice guidelines. A quality gap in areas that includes but also can go beyond patient care (e.g., systems' base practice, infomatics, leadership and administration)

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

Provider: The institution or organization that is accredited to present CME activities. *See Sponsor.* Provider is the preferred term.

Provisional Accreditation: The accreditation decision by the ISMS that an initial applicant for accreditation has met the standards for a CME provider as outlined by the ISMS. Provisionally accredited providers may engage in joint sponsorship; however, in order to do so, the provisionally accredited provider will have to notify ISMS of its intention and would have to submit the first CME activity to ISMS for administrative review before *AMA PRA Category 1 Credit™* could be designated.

Regularly Scheduled Series: A single activity that is planned to have 1) multiple sessions that 2) occur on an ongoing basis (weekly, monthly, or quarterly) and 3) are primarily planned by and presented to the accredited organization's medical staff. Examples of activities that are planned and presented as a regularly scheduled series are Tumor Boards and M & M Conferences.

Scope of Practice: The range or breadth of a physician's actions, procedures and processes. Those health care services a physician or other health care practitioner is authorized to perform by virtue of professional license, registration, or certification. Definition of the rules, the regulations, and the boundaries within which a fully qualified practitioner, with substantial and appropriate training, knowledge, and experience may practice in a field of medicine or surgery, or other specifically defined field. Such practice is also governed by requirements for continuing education and professional accountability.

Site Survey: *See Accreditation Site Survey*

Sponsor: The institution or organization that is accredited to present CME activities. *See Provider.* Provider is the preferred term.

Supporter: *See Commercial Supporter*

Survey: *See Accreditation Site Survey.*

ISMS ESSENTIAL AREAS, ELEMENTS AND GUIDELINES

In the Essential Areas, the ISMS has identified certain elements of organization, structure, and method which appear to contribute significantly to the development of continuing medical education. The Updated Criteria for Compliance are composed of those requirements which a provider must substantially meet for accreditation. The ISMS Committee on CME Accreditation reviews the Essential Areas on a continuing basis and modifies them based upon ACCME revisions and as knowledge and experience dictates.

The Guidelines to the Updated Criteria have been developed in order to explain in greater detail the meaning and application of the Criteria. These guidelines are intended to assist, not limit, the manner in which providers may meet the requirements for accreditation. The Guidelines follow the organizational structure of the Elements. The text of each Element is given first, followed by the corresponding Guideline.



Essential Area and Element(s)	Criteria for Compliance
<p data-bbox="245 621 305 1001">Essential Area 1: Purpose and Mission</p> <p data-bbox="337 541 691 926">The provider must, E1 Have a written statement of its CME mission, approved by the provider's governing body, which includes the CME purpose, content areas, target audience, types of activities provided, and expected results of the program.</p>	<p data-bbox="727 541 1463 764">C1 The provider has a CME mission statement, approved by the governing body, which includes all of the basic components (CME purpose, content areas, target audience, types of activities, expected results) with expected results articulated in terms of changes in competence or performance or patient outcomes that will be the result of the program.</p>

Guidelines for Elements and Criteria

Element 1

In order to provide quality CME, it is essential to have a written mission statement which has been reviewed and approved at least once during the accreditation period by the accredited provider's governing body, or if any significant change is made to the CME mission. This statement outlines what is expected of the CME organization and serves as a basis for a more objective evaluation of its ability to meet its mission. Without such a document, there may be misunderstandings as to the appropriateness and applicability of the CME activities undertaken. With an agreed-upon mission statement, the CME organization can more easily seek needed support from its governing body to accomplish its required functions.

The mission statement identifies what the provider desires to accomplish through its overall program of CME. It describes the purpose of the overall CME program, the physicians for whom the educational program is intended, the educational content that will be the focus of the overall program, the general kinds of educational activities which will be used to accomplish this purpose and the desired results which the accredited organization anticipates will occur because of physicians' participation in the CME program.

The mission statement should serve as an effective point of reference for individual CME programming and evaluation of the overall program. ISMS requires that the mission statement be periodically reviewed in the light of experience and revised if necessary.



Essential Area and Element(s)	Criteria for Compliance
<p style="text-align: center;">Essential Area 2: Educational Planning</p> <p>The provider must</p> <p>E 2.1 Use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities.</p> <p>E 2.2 Use needs assessment data to plan CME activities.</p> <p>E 2.3 Inform the learner of the purpose or objectives of the activity prior to the learner taking part in the activity.</p>	<p>C 2 The provider incorporates into CME activities the educational needs (knowledge, competence or performance) that underlie the professional practice gaps of their own learners.</p> <p>C 3 The provider generates activities/educational interventions that are designed to change competence, performance or patient outcomes as described in its mission statement.</p> <p>C3a The provider assesses the need for cultural competency as part of its planning process.</p> <p>C 4 The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.</p> <p>C 5 The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.</p> <p>C 6 The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies)</p> <p>C 7 The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2 and 6)</p> <p>C 8 The provider appropriately manages commercial support (if applicable, SCS 2).</p> <p>C 9 The provider maintains a separation of promotion from education (SCS 4).</p> <p>C 10 The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).</p>

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Element 2

Identification and analysis of CME needs, “needs assessment”, provides the foundation for formulating educational objectives, and selecting appropriate educational formats in which the learning will take place. Setting priorities for identified needs will assist the provider in planning educational activities. Documentation in activity files must provide evidence that a planning process is consistently used.

The needs identification process must be formalized and ongoing. This means that data from a variety of selected sources are sought in a timely fashion by those individuals who are responsible for CME. These data are the basis for planning educational programs. By using a variety of needs identification mechanisms, the provider will obtain a more precise description of the targeted physicians’ learning needs, which can be defined by where the learner is and the desired level of competence, performance or patient outcomes. The process will delineate the areas of knowledge, skills, attitudes, physician performance or patient outcomes that are not at an optimal level. Documentation must show the needs source(s) used and the specific learning needs identified by these sources.

The educational needs must be linked with a desired result for all CME activities and needs data must be used to plan CME activities.

Clearly stated **behaviorally oriented objectives** provide prospective participants with a realistic understanding of the nature and purposes of the CME activity. Objectives also help providers and faculty to target educational activities to meet explicit needs.

The development of educational objectives serves three functions: 1) assisting providers in planning, designing, and implementing educationally effective activities; 2) assisting providers in evaluating the quality of CME activities; and 3) assisting prospective participants in judging whether or not a CME activity meets their needs or interests. The adequacy of a provider's development of objectives depends on how well learning objectives fulfill these three functions. Objectives must:

1. be directly **related to identified needs** (professional practice gaps);
2. focus on one or more of these areas: **knowledge or skill application; skills development; changes in physician practice performance; or changes in patient outcomes.**
3. be written so that their attainment **can be measured** or evaluated.

Learning needs, translated into learning objectives, set the stage for the best format in which to provide the learning activity. Helping the target audience access the best treatment plan for a disease entity may best be accomplished using case studies; determining if physicians can perform advanced cardiac life support probably requires hands-on demonstration.

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Providers must make known to prospective participants the learning objectives of the activity. This information must appear on the promotional materials and printed brochures or fliers.

When a provider conducts CME activities that are repetitive or serial in nature (e.g., tumor boards, morbidity and mortality conferences), the providers may write one set of objectives that relate to the series. Such objectives often are called “global objectives”. The learning objectives are related more to the how the series is formatted and conducted than to the content of each individual activity within the regularly scheduled series. Global objectives are often written for CME series that occur over a stated period of time. At the end of that time frame, the global objectives must be reviewed for continued appropriateness. Such review must occur at least every two years.

The ACCME **Updated Standards for Commercial Support** (SCS) describe practices that are considered to be appropriate to ensure that CME activities are independent, free of commercial bias and beyond the control of persons or organizations with an economic interest in influencing the content of CME. The Standards for Commercial Support are described in more detail under Accreditation Policies on page 21.

Guidelines for Criteria 2 through 11

Providers should ask themselves the following questions when planning CME activities:

- C 2:** Is the activity based on a gap between how your physicians are practicing and how they ought to be practicing? What was the problem?
Is the learners’ gap based on your own organization’s data or on other data, e.g., public health data, national trend data, etc.?
Can the need be articulated in terms of competence, performance or patient outcomes?
Have you described the specific need that the practice gap identified?
- C 3:** Do learning objectives provide statements of:
- how the learning activity will help physicians apply knowledge to develop a strategy to change (competence);
 - how the change will affect physician practice patterns (performance); or
 - how changes in physician performance will impact overall patient outcomes?
- C 3a** How is the cultural competency of the target audience assessed?
Has a gap been identified in the cultural competency of the target audience?
How are gaps in cultural competency addressed?
- C 4:** Is there a match between the content and the practice of your target audience?
- C 5:** Based on the setting, objectives and desired results, what is the best educational format?

- C 6:** What desirable physician attributes does this activity address?
How is the desirable physician attribute addressed by this educational intervention?
- C 7:** Has a commercial interest had any role in the planning of this activity?
(SCS 1, 2, 6) If yes, was there any impact on the content of the activity by the commercial interest?
Have all potential conflicts of interest been identified and, if necessary, resolved for everyone in a position to control the content of the activity?
How will all relevant financial relationships be disclosed to the potential learners prior to the activity, e.g., verbally, on promotional materials, etc.?
- C 8** Will there be commercial support for this activity?
SCS 3.1 Were any “strings” tied to commercial support?
through Are the letters of agreement fully executed in a timely manner?
3.13. Who is managing the funds?
Has the receipt of funds, or in-kind services, been documented?
Will the activity files clearly show that you controlled all aspects of the planning process?
- C 9** Will exhibit space be available at this activity?
SCS 4.1 If yes, where will the exhibits be located?
through Are exhibits educational or promotional?
4.5 Is advertising associated with the activity?
If yes, how is advertising or product-promotion being kept separate from education?
- C 10:** Is the content of this activity biased?
Is the content of this activity promoting improvements or quality in healthcare?
Does the content seem to be a balanced view of therapeutic options?



Essential Area and Element(s)	Criteria for Compliance
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Essential Area 3: Evaluation and Improvement</p> <p>The provider must,</p> <p>E 2.4 Evaluate the effectiveness of its CME activities in meeting identified educational needs.</p> <p>E 2.5 Evaluate the effectiveness of its overall CME program and make improvements to the program.</p>	<p>C 11. The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.</p> <p>C 12. The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.</p> <p>C 13. The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.</p> <p>C 14. The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed.</p> <p>C 15. The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured.</p>

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Element 3 (Incorporating Elements 2.4 and 2.5)

The provider must **evaluate individual CME activities** which have been planned and conducted. These evaluations can be used to assess the extent to which learning objectives have been met; if skills have been developed; whether participants can apply knowledge or skills; if **physician performance** has changed; or **patient outcomes** have improved.

The systematic gathering of **evaluation data** and their analyses, including evaluation of individual CME activities, are necessary for the provider to assess the degree to which the **overall program** fulfills its CME mission. It will also guide the planning of future activities and permit rational decision about improving the educational program. In addition, the provider should review the overall CME program in relation to the characteristics of the CME mission. Has the overall program met the purpose, reached the target audience, addressed learning needs in the specified content areas, provided the types of activities and achieved the expected results as set forth in the CME mission? If not, adjustments need to be made, either in the overall program or in the CME mission.

Evaluation methods must be appropriate and consistent in scope with the educational activity. Immediate in-depth evaluation by selected participants, as well as follow-up surveys, may be very helpful. It is desirable, where possible, to document actual changes in practice or performance capability or patient outcomes which may result from a program.

Guidelines for Criteria 11 through 15

- C 11** Do you evaluate your activities?
Do your evaluation strategies show that
- Physicians can apply knowledge?
 - Physicians have changed their performance?
 - Change in patient outcomes has occurred?
- Do changes address the needs you had identified?
- C 12** Have you looked at both data from activity evaluations and from sources beyond activities, e.g., process improvement data, to see what elements of the mission have been met?
- C 13** Based on the overall program evaluation, have areas for improvement been identified? If so, what are some of those areas? How do these areas relate to your mission? Has a plan been initiated to make the improvements? If areas for improvement have not been identified, how might that process begin? Who can help identify areas for improvement?
- C 14** What steps/initiatives have been implemented to effect the improvements identified in C 13? What changes were made?
- C 15** If changes were made to your overall program, have the changes impacted your mission? What criteria were used to measure the impact? What are the data that represent the impact of the change?



Essential Area and Element(s)	Criteria for Compliance
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Accreditation with Commendation</p> <p>In order for an organization to achieve the status Accreditation with Commendation, the provider must demonstrate that it fulfills the following Criteria 16 – 22, in addition to Criteria 1 – 15.</p>	<p>C 16. The provider operates in a manner that integrates CME into the process for improving professional Practice.</p> <p>C 17. The provider utilizes non-educational strategies to enhance change as an adjunct to its activities/ educational interventions (e.g., reminders, patient feedback).</p> <p>C 18. The provider identifies factors outside the provider's control that impact on patient outcomes.</p> <p>C 19. The provider implements educational strategies to remove, overcome or address barriers to physician change.</p> <p>C 20. The provider builds bridges with other stakeholders through collaboration and cooperation.</p> <p>C 21. The provider participates within an institutional or system framework for quality improvement.</p> <p>C 22. The provider is positioned to influence the scope and content of activities/educational interventions.</p>

Guidelines for Criteria 16 through 22

Providers must demonstrate that it fulfills the following Criteria 16 – 22, in addition to Criteria 1 – 15, to achieve Accreditation with Commendation.

- C 16** Have you tried to integrate CME and process/quality improvement? Has CME been integrated into the process for improving professional practice? Describe how this has been done or activities that are planned.
- C 17** Have you used any non-educational strategies to complement your CME activities to effect change, e.g., sending reminders about techniques or information discussed at a CME activity, patient surveys, a physician “report card”, etc.? If not, how could you identify strategies you could implement to enhance physician change? Provide an example.
- C 18** Has your organization identified factors outside of your control that impact on patient outcomes? How were these factors identified?
- C 19** Do you have a process for identifying barriers to physician change? Has your organization implemented any educational strategies to remove or address barriers to physician change? Provide examples.
- C 20** Have you identified others to work with you (stakeholders) on quality and patient improvement initiatives, e.g., internal departments, community groups, government agencies, etc? Did you certify for credit educational activities related to these initiatives? Provide an example.
- C 21** Does your CME Department seek out internal groups with whom you can collaborate? Do you participate on quality improvements initiatives within your institution? When planning activities, do you identify initiatives within your organization related to the topic of the proposed CME activity? Provide examples.
- C 22** Are you positioned to influence the scope and content of educational interventions? Who is in control of activity development from the idea to the post activity evaluation? Are future directions of the CME program chosen by your program or influenced by outside factors of your institution, e.g., other organizations or institutions?

ACCREDITATION POLICIES

Included in this section are policies which are required as part of the accreditation process. These policies include Commercial Support, Joint Sponsorship, and Enduring Materials. While these three policies are no longer called “essentials” or “standards”, they must be complied with and will be reviewed as part of the accreditation process.

Updated Standards for Commercial Support

While the purpose of continuing medical education (CME) is to enhance the physician’s ability to care for patients, it is the responsibility of the accredited provider of the CME activity to assure that the activity is designed primarily for that purpose. The financial support of CME activities may come from a variety of sources including non-accredited commercial organizations. The accredited provider must assure that it follows the Updated Standards for Commercial Support of CME in planning, designing, implementing, and evaluating the certified CME activities as well as directing and managing the funds involved.

As required in the Updated Standards for Commercial Support, accredited providers have the responsibility to ensure that CME activities are free of bias either for or against any product. Providers must be able to demonstrate how they exercise this responsibility. Having a question on learner evaluation forms related to bias or having a member of the CME Committee designated as an official observer who will assess the presentation for bias are two ways in which this responsibility may be demonstrated.

Organizations must have a **process** by which such disclosure can be obtained from **planning committee members**, as well as faculty and/or authors. In the past, faculty and authors of enduring materials were the individuals who needed to provide disclosure of relevant relationships. **Standard 2.1 also includes planning committee members, which in some cases may be the CME committee for your organization.**

Identifying Conflicts of Interest

ISMS considers financial relationships to create actual conflicts of interest in CME when individuals have **both** a financial relationship, within the last 12 months, with a commercial interest **and** the opportunity to affect the content of CME about the products or services of that commercial interest.

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. ISMS considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner, *if known*.

If any person does not provide conflict of interest information for whatever reason, that person must be disqualified from planning the CME event, or acting as a faculty person or author. This means that the process of obtaining disclosure must allow for time in advance of the activity to review it and determine if there is a conflict of interest. Disclosure obtained at the last minute runs the risk of identifying a relevant financial relationship that could affect content. It would be almost impossible at that point to be able to resolve the conflict prior to the presentation being planned or implemented.

Resolving Conflicts of Interest

If a planning committee member, faculty person or author identifies through your disclosure mechanism that he/she has a conflict of interest that is only half of the process. The conflict must be resolved before the educational activity is delivered to the learners. The CME industry's interest in the health and well being of the public is more important than any economic interest. Therefore, **resolving the conflict means making sure that the content of the activity is aligned with the interests of the public not with commercial interests.** This can be accomplished by either inserting safeguards against bias when the content is relevant to the commercial interest, or altering the relationship so that the individual no longer has the financial conflict.

In many cases, having planning committee members, faculty or authors alter their relationships may not be possible. Therefore, many accredited providers probably will choose to insert safeguards against bias **when the opportunity exists to affect content related to the products and services of a commercial interest.**

There may be a rare occasion where the conflict of interest cannot be resolved. In such a case, there needs to be a procedure in place to handle such an occurrence. If it is determined that a presentation/enduring material is not free of promotional, commercial and/or sales activities, the provider could consider requiring the planning committee to have the faculty/author make changes to the material, replace the faculty/author, or withdraw the planning proposal until such time as changes can be made.

Written Policy Governing Honoraria and Expense Reimbursement

The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, faculty and authors. This is a requirement of Standard 3.7. It is not a requirement that policies on this issue have specific dollar amounts indicated, but indicating such amounts would be acceptable. Policies may state conditions whereby honoraria are provided for planning committee members, faculty or authors. Policies may make it a requirement that before a CME event is approved, honoraria must be indicated. Your organization may already have a policy on honoraria and that should be reviewed for appropriateness for CME activities.

In addition, if your organization has a policies and procedures manual that spells out practices for reimbursement of out-of-pocket expenses that would be sufficient. If not, it would be required that the CME office develop a specific policy on reimbursement. Give some thought to such issues as reimbursement for driving, plane travel, meals, rental cars and anything else you consider as being reasonable travel expenses.

Faculty Disclosure

The purpose of disclosure is to allow the participants attending a specific CME presentation to use their own judgment as to whether the speaker is influenced by his/her relationship with a commercial interest and is interjecting any bias as to products/services that may be discussed. For this reason, it is important that participants attending CME activities know if the presenter(s) has relevant financial relationships with commercial interests. It is necessary that the accredited provider have a disclosure policy that is applied to all faculty, including those that may be on the staff of the accredited provider, and that this disclosure be made to the audience at the beginning of the presentation or be disclosed to participants prior to

educational activities in brief statements in conference materials. Disclosure must include the:

- faculty's name;
- name of the commercial supporter with which the faculty has the relationship; and
- types of relationships, e.g., on Speakers Bureau, stockholder, recipient of research funds, etc.

Disclosure is a requirement for **all** CME activities, regardless of whether there is a relevant financial relationship, and applies to all faculty, whether internal to your organization or from outside your organization. Providers are required to document in activity files that verbal or written disclosure has been made to participants.

The requirement in Standard 6.3 is the acknowledgement of "in-kind" support to learners. In-kind support would be non-monetary contributions to the activity. For example, a lab donates endoscopes for use during a hands-on course about endoscopy, or a company gives you some microscopes to use for lab courses in an infectious disease course. Other examples would be if a company donated sutures or materials for use in hands-on courses, or companies that would give you tablets and pens (non-logo) for use in your activities. It could also cover a tech expert's time to serve as a resource on correct use of equipment.

It is **not** allowable for a representative of a commercial supporter to bring food for a CME activity or to arrange to have brochures printed for a CME symposium, even if you had executed letters of agreement. Commercial interest cannot make any of the arrangements or pay any costs directly to a vendor. These examples require letters of agreement and funds **paid to the provider**. The provider would be responsible for having the printing done or getting the food ordered and delivered. The commercial interest would give the funds to the provider to cover the costs for the above.

Funds from a commercial interest must be provided to accredited providers in the form of an educational grant. Letters of agreement with commercial supporters are to be utilized whenever commercial support is present. Promotional materials such as brochures, syllabi, exhibits or post-meeting publication must acknowledge the source the commercial support, i.e. the company name, but should not mention specific products by name.

Exhibit placement must not be a condition of support for a CME activity. When present, the display shall not be in the same room where the CME presentation takes place, any promotional materials shall not be distributed, nor shall sales activities occur, in the same room immediately before, during, or immediately after the educational activity. Any social events or gifts presented to the participants shall be reasonable in their value and shall be so positioned, time wise, that the activities do not compete nor take precedence over the educational activities.

**THESE STANDARDS FOR COMMERCIAL SUPPORT HAVE BEEN IN EFFECT SINCE
MAY, 2005. ALL PROVIDERS MUST DEMONSTRATE COMPLIANCE
WITH THE UPDATED STANDARDS FOR COMMERCIAL SUPPORT.**

The Updated Standards for Commercial Support Standards to Ensure Independence in CME Activities

STANDARD 1: Independence

- 1.1** A CME provider must ensure that the following decisions were made free of the control of a commercial interest. The ACCME defines a “commercial interest” as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.
- (a) Identification of CME needs;
 - (b) Determination of educational objectives;
 - (c) Selection and presentation of content;
 - (d) Selection of all persons and organizations that will be in a position to control the content of the CME;
 - (e) Selection of educational methods; and
 - (f) Evaluation of the activity.
- 1.2.1** A commercial interest cannot take the role of non-accredited partner in a joint sponsorship relationship.

STANDARD 2: Resolution of Personal Conflicts of Interest

- 2.1** The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines “relevant” financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.
- 2.2** An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.
- 2.3** The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

STANDARD 3: Appropriate Use of Commercial Support

- 3.1** The provider must make all decisions regarding the disposition and disbursement of commercial support.
- 3.2** A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.
- 3.3** All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

Written agreement documenting terms of support

- 3.4** The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint sponsor.
- 3.5** The written agreement must specify the commercial interest that is the source of commercial support.
- 3.6** Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

Expenditures for an individual providing CME

- 3.7** The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.
- 3.8** The provider, the joint sponsor, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.
- 3.9** No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
- 3.10** If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for learners

- 3.11** Social events or meals at CME activities cannot compete with or take precedence over the educational events.
- 3.12** The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint sponsor or educational partner.

Accountability

- 3.13** The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

STANDARD 4. Appropriate Management of Associated Commercial Promotion

- 4.1** Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.
- 4.2** Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.
- For **print**, advertisements and promotional materials will not be inter-leafed within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face **and** are not paid for by the commercial supporters of the CME activity.
 - For **computer based**, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not inter-leafed between computer 'windows' or screens of the CME content
 - For **audio and video recording**, advertisements and promotional materials will not be included within the CME. There will be no 'commercial breaks.'
 - For **live, face-to-face CME**, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.
- 4.3** Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.
- 4.4** Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.
- 4.5** A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.

STANDARD 5. Content and Format without Commercial Bias

- 5.1** The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.
- 5.2** Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

STANDARD 6. Disclosures Relevant to Potential Commercial Bias

Relevant financial relationships of those with control over CME content

- 6.1** An individual must disclose to learners any relevant financial relationship(s), to include the following information:
- The name of the individual;
 - The name of the commercial interest(s);
 - The nature of the relationship the person has with each commercial interest.
- 6.2** For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

Commercial support for the CME activity.

- 6.3** The source of all support from commercial interests must be disclosed to earners. When commercial support is 'in-kind' the nature of the support must be disclosed to learners.
- 6.4** 'Disclosure' must never include the use of a trade name or a product-group message.

Timing of disclosure

- 6.5** A provider must disclose the above information to learners prior to the beginning of the educational activity.

DISCLOSURE POLICIES

- Disclosure of significant support or substantial financial relationships between presenters and commercial entities is required in relevant situations whether or not there is direct commercial support for the CME activity.
- Disclosure of significant support or substantial financial relationships between all individuals with control of program content, e.g., CME Committee members, program planners, etc. and commercial entities is required in relevant situations whether or not there is direct commercial support for the CME activity.
- Providers must be able to supply ISMS with written verification that appropriate verbal disclosure occurred at a CME activity. With respect to the documentation of verbal disclosure at CME activities, a representative of the provider who was in attendance at the time of the verbal disclosure must attest, **in writing**:
 1. That verbal disclosure did occur.
 2. The exact content of the disclosed information (as indicated in the previous policy); or that there was nothing to disclose.
 3. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity, i.e., the attestation must be dated.

Commercial Support

The accredited provider may delegate the responsibility for receiving and disbursing funds from educational grants to an educational partner. However, the letter of agreement regarding the grant must be between the accredited provider and the commercial supporter and the accredited provider must maintain and be able to produce as documentation a full accounting of the funds.

Accreditation Statement

The ACCME and ISMS have adopted a formal accreditation statement that all accredited providers must use. Likewise, the AMA has provided required credit designation language. Both statements must be present on all CME promotional materials. It is the responsibility of the CME office to ensure that any promotional material carry these statements, even if the CME office does not directly produce the announcements, brochures, etc.

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 ISMS Essential Areas and Elements (including the Standards for Commercial Support) and Accreditation 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; and
6. Termination date (date after which enduring material is no longer certified for credit).

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.

To comply with the Standards for Commercial Support,

1. There must be no product specific advertising in enduring materials,
2. Commercial support must be acknowledged in the enduring material,
3. This acknowledgment must be placed only at the beginning of an enduring material,
4. The institutional acknowledgment 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,
5. No brand names or product-group messages may be used in the acknowledgment, even if they are not related to the topic of the enduring material.

Accredited providers may not enlist the assistance of commercial interests to provide or distribute enduring materials to learners.

ACCME policy does not require 'post-tests' for enduring materials. ACCME 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. Providers may require the passing of a post-test or completion of a post activity exercise to earn credit, but it is not required.

Sometimes providers will create an enduring material from a live CME activity. When this occurs, ACCME considers the provider to have created two separate activities – one live activity and one enduring material activity. Both activities must comply with all ACCME requirements, and the enduring material activity must comply additionally with all ACCME policies that relate specifically to enduring materials.

ISMS Logo in Accreditation Statements

All CME providers accredited by the Illinois State Medical Society shall use the appropriate accreditation statement, which includes the ISMS logo, for those CME activities conducted as part of the provider's accredited CME program. (See Section on ISMS Glossary of Terms for accreditation statements).

Joint Sponsorship

Definition: A CME activity planned and presented by two institutions or organizations when only one of the institutions or organizations is accredited. The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a non-accredited institution or organization, and must use the appropriate accreditation statement.

Provisionally accredited providers may engage in joint sponsorship; however, in order to do so, the provisionally accredited provider will have to notify ISMS of its intention and would have to submit the first CME activity to ISMS for administrative review before *AMA PRA Category 1 Credit*TM could be designated.

1. The accredited provider must be able to provide to the ISMS written documentation that demonstrates how each such jointly sponsored CME activity was planned and implemented in compliance with the ISMS Accreditation Policies and Procedures. Material submitted can be from files of either the accredited provider or the non-accredited provider.
2. All printed materials for jointly sponsored activities must carry the appropriate accreditation statement.
3. The accredited provider must utilize specific written policies and operating procedures to effectively govern the planning and implementation of its jointly sponsored activities. The accredited providers may require that the non-accredited provider meet requirements that are more restrictive than, or exceed, the minimum requirements of the Illinois State Medical Society.

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.

Educational content must be within the ISMS definition of continuing medical education.

The activity in a journal-based CME activity is not completed until the learner documents participation in that activity to the provider.

In any journal-based CME activity, the learner must not encounter advertising within the pages of the article(s) or within the pages of the related questions or evaluation materials.

CME Delivered via the Internet

1. CME activities delivered via the Internet are expected to be in compliance with ACCME Essential Areas, Elements, and Policies.
2. There shall be no CME activities of an ACCME accredited provider on a pharmaceutical or device manufacturers' product website.
3. With clear notification that the learner is leaving the educational website, links from the website of an ACCME 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.
4. 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.
5. The accredited provider must indicate, at the start of each Internet CME activity, the hardware and software required for the learner to participate.
6. 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.

7. 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.
8. 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.

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:** The provider must have a mechanism to record physician participation at CME activities. Records must be kept for at least six years from the date of the activity. Providers must have a mechanism to verify physician attendance when authorized by the participating physicians.
- **Activity Documentation:** An accredited provider is required to retain activity files/records of CME activity planning and presentation during the current accreditation term or for the last twelve (12) months, whichever is longer. Maintenance of this documentation enables the provider to show how the activities it provided during its current term of accreditation were compliant with the Essential Areas and Elements, the Updated Standards for Commercial Support and Accreditation Policies.

Validation of the Clinical Content of CME

1. 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.
2. 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.