

ACCREDITATION OF INTRASTATE PROVIDERS OF CONTINUING MEDICAL EDUCATION

ACCREDITATION APPLICATION

December 2008

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**Illinois
State
Medical
Society**

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR ACCREDITATION OF INTRASTATE PROVIDERS OF CONTINUING MEDICAL EDUCATION

The purpose of this document is to obtain information about the philosophy, instructional practices, and educational resources of the continuing medical education provider seeking accreditation of its continuing medical education (CME) program. Information is sought to determine whether or not the CME provider meets the requirements presented in the document, *Accreditation Program: Essential Areas, Glossary of Terms, Accreditation Policies and Decision-Making Criteria*. The information requested in this application will be held in confidence by the Illinois State Medical Society (ISMS) and its representatives and will not be released or published in any form in which specific responses could be identified with an institution or organization.

For explanations and definitions of the standards and terms used in this application, please refer to the *Accreditation Program: Essential Areas, Glossary of Terms, Accreditation Policies and Decision-Making Criteria*. Correspondence about the application should be addressed to: Chairman, Committee on CME Accreditation, Illinois State Medical Society, 20 North Michigan Avenue, Suite 700, Chicago, Illinois 60602.

At any time, providers and potential providers can request a consultation with ISMS staff or a member of the Committee on CME Accreditation. Consultations can be useful in assisting new providers or accredited providers in reviewing draft Accreditation Applications prior to submission. For more information about consultations, or if there are questions about this application, contact ISMS CME accreditation staff at 312-580-2463 or 800-782-4767 or by fax at 312-782-2023.

INSTRUCTIONS FOR COMPLETING APPLICATION:

This application consists of five sections:

- 1) General information on the CME program of the Provider.
- 2) Section I, Introduction and Background.
- 3) Section II, Essential Areas.
- 4) Section III, Program Summary.
- 5) A checklist of required attachments.

The purpose of completing the application is to provide you with the opportunity to describe as completely as possible your practices in planning CME activities and administering the CME program, to identify areas for improvement, and to present the results to ISMS for purposes of accreditation. It is suggested that you first read through the entire application. Complete and straightforward responses will make the process of evaluating the information easier and lessen the likelihood of misunderstanding or misinterpretation. The term "overall CME program" is used to describe all of the educational activities presented by a provider; "CME activity" refers to a single educational activity.



The more complete the documentation, the easier it will be for surveyors to evaluate the application. Responses to questions should be placed in the appropriate sections.

Supporting documents which are not standard size should be folded or reduced so they fit securely in the folder. Include all required attachments in the body of the application where indicated.

Please answer all questions; if a question does not apply, please so indicate. If it is necessary to retype a page of the application or to add a page, please retain the format.

To facilitate the review process by the ISMS Committee on CME Accreditation, please do the following:

Instructions for Preparing and Submitting the Accreditation Application

- Type the application. Handwritten applications will not be accepted.
- Use **dividers** for each section and label them as follows:
 1. General Information
 2. Introduction and Background
 3. Essential Areas
 4. Program Summary
- **Label** each example included with the application, place it in the appropriate section. Include the examples in the overall pagination of the application.
- Number each page of the application consecutively and put the number in the lower right hand corner of each page.
- **Please do not submit applications in three-ring notebooks.** Place each copy of the application in either a folder or binder, e.g., Duo-Tang folder with gusset, ACCO Binder, or GBC Binding (spiral-bound). The application and all attachments must fit into one folder or binder.
- Submit **five (5)** hard copies of the application **AND** one (1) on a disk.
- Include **one (1)** complete copy of a CME activity file.
- Include the site survey fee and three possible site survey dates with the application.

Send the five copies with a disk of the application, the survey fee, and possible dates to:

Director of Education and Accreditation
Illinois State Medical Society
20 North Michigan Avenue, Suite 700
Chicago, Illinois 60602



Provider Information

NAME:

(Name of applicant organization as it should appear on accreditation certificate)

ADDRESS:

PHONE:

CME COMMITTEE CHAIR, IF APPLICABLE

Name:

Title:

Address:

Phone:

Fax:

E-Mail:

INDIVIDUAL RESPONSIBLE FOR CME UNIT AND THE MATERIAL WITHIN THIS APPLICATION

Name:

Title:

Date:

Address:

Phone:

Fax:

E-Mail:

NAME OF CHIEF EXECUTIVE OFFICER: _____



TYPE OF ORGANIZATION

1. Please indicate what classification most accurately describes your organization by placing a check next to the most appropriate item.

- Consortium _____
- Health Care Delivery System _____
- Hospital _____
- Insurance/Managed Care Company _____
- Non-Profit Organizations (501-C) _____
- Physician Member Organization (Specialty Based) _____
- Physician Member Organization (Non Specialty) _____
- Other (please specify) _____

2. If multiple facilities are represented by this CME program, please list the names of the individual facilities and the number of physicians at each facility.

Name	Location	Number of Physicians

3. Number of physicians on Medical Staff: _____

4. This CME program (check all that apply)

Receives commercial support		Produces Internet CME	
Produces enduring materials		Does Joint Sponsorship with non-accredited entities	
Produces journal-based CME			



Section I
Introduction and Background



Background and CME Environment

6. Provide a brief history of your CME program that, at a minimum, identifies the following:

- Year first accredited
- The size and scope of the program and any changes during this accreditation period.
- Target audience

7. Describe the leadership and structure of the CME Program

- Describe the leadership and staffing of your CME program, including the reporting structure and staff time allocated to CME.
- Identify any other collaborators/stakeholders in your CME program from within your organization or the community, e.g., the local public health department or hospital Risk Management Department or Cancer Program.
- If you have a multi-facility CME program, describe the relationship of each component facility to the system/consortium CME program and give an overview of each facility's CME programming.



Section II
Essential Areas

ESSENTIAL AREA 1: PURPOSE AND MISSION



Essential Area and Element(s)	Criteria for Compliance
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Essential Area 1: Purpose and Mission</p> <p>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>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>



REQUIRED ATTACHMENTS

- Please insert after this section a copy of your most recently approved CME mission statement. Indicate each of the five (5) elements **by color coding or highlighting on the copy** of your CME mission statement:
 - The purpose of the overall CME program.
 - The content areas.
 - Target audience.
 - Types of activities provided.
 - Expected results of the program.

 - Insert after the CME Mission Statement documentation of the review and approval of the CME mission by those individuals/committees, etc., identified in items 7 and 8 below.
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8. Identify the name of the body, committee or staff position within the your organization that has the responsibility for developing the mission statement of the CME program.
If this is a multi-facility CME program, include all facilities that are participants.

9. In addition, when was the mission statement last formally reviewed and approved by:

	Date of Last Approval
CME Committee (if applicable)	_____
Executive Committee of Medical Staff (if applicable)	_____
Organization's Governing Body/Board of Directors or Trustees	_____
Multi-facility CME program facilities (please list)	_____



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 behaviorally written objectives 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 2a The provider assesses the need for cultural competency as part of its planning process.</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>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>



ESSENTIAL AREA 2: EDUCATIONAL PLANNING



Please feel free to use the following as a guide in writing your response to the question below:

- Describe the planning process used for each type of CME activity you provide (live, enduring material, Internet, journal CME, process improvement, etc.). If different processes are used for different types of activities, describe each process.
- Describe how you translate identified professional gaps into educational needs including the gaps that you start with, the need that you identified based on the gap, and how the need is articulated in terms of application of knowledge, competence or performance (C2).
- For providers that produce Regularly Scheduled Series (RSS), include in your description how gaps are translated into needs for RSS.
- Show how you have designed CME activities to apply knowledge that will change competence, performance, or patient outcomes, as described in your CME mission statement. (C3)
- Show how you have developed CME activities that address desirable physician attributes (e.g., IOM competencies, ABMS competencies, specialty board competencies). (C6)

10. How do you determine that, for your learners, there is a learning gap between what the learners know or practice and what they ought to know or practice? (How is it decided that the physicians need to know something, learn how to do something, develop a strategy for doing something, or need to change something in their practice?)

11. How do the planners use the learning needs to write behaviorally written learning objectives to achieve the expected result (change in competence, performance or patient outcomes) as described by your CME mission?



12. How do you ensure that the content of the CME activity or regularly scheduled series matches the needs of the target audience?
13. How do you ensure that the educational formats you choose will meet the expected result and learning objectives? (How does the design of the activity promote the changes to meet the need, e.g. to change competence, performance, or patient outcomes)?
14. How do you relate the content of an activity to a desirable physician attribute? (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.)



IMPORTANT – PLEASE READ CAREFULLY

During the site survey, providers will be asked to provide twelve (12) activity files for review. Each activity file must contain the following items which are to be **labeled** for review:

- Need or gap in knowledge, performance, patient outcomes
- Specific learning needs
- Behaviorally oriented objectives, including global objectives for regularly scheduled series, if applicable
- Sample evaluation instrument
- A summary of the evaluation data
- Publicity or promotional piece including the
 1. learning objectives.
 2. faculty.
 3. date and time of the activity.
 4. accreditation and credit designation statements and ISMS logo.(NOTE: This may not be available for all activities, e.g. process improvement CME.)
- Correspondence with the faculty including the program objectives or description of the content of the activity to be presented
- Faculty and planners disclosure information
- Resolution of conflict of interest, if applicable
- Documentation that written or verbal disclosure was made to the learners for faculty and planners
- Letter of Agreement with commercial interest(s) or provider of in-kind services, if relevant
- Evidence that funds were received and disbursed, if relevant
- Acknowledgment of commercial support, if relevant
- Agreement with joint sponsor, if relevant

An activity file must be included for review for each educational format you certify for credit, e.g., conferences, process improvement activities, case studies, learning from teaching, committee learning, etc.

If you do **enduring materials**, include the activity file from one of those activities for review during the site survey. Submit two copies of the enduring material with your application.

If you do **journal CME**, include the activity file from one of those activities for review during the site survey. Submit two copies of the journal CME material with your application.



REQUIRED ATTACHMENT

Please insert after this page the following:

- Your disclosure policy. (SCS 2.1, 2.2)
- Your disclosure form (S.C.S. 6.1 - 6.5).
- An example of faculty disclosure that was made to learners for **BOTH** a single CME activity and, if applicable, for a regularly scheduled series.
- Your policies and procedures related to commercial support.
- An example of acknowledgment of commercial support to learners.
- A signed Letter of Agreement with a commercial supporter (if you accept commercial support).
- Policies and procedures governing honoraria and reimbursement of expenses for planners, teachers and authors. (SCS 3.7 -3.8)
- If your organization enters into joint sponsorship relationships, provide a list of joint sponsors and a brief descriptor of their type, e.g., for profit hospital, for profit medical education company, etc. (SCS 1.2)
- A signed joint sponsorship agreement

15. Describe your mechanism for *identifying* all conflicts of interest for planning committee members, faculty and/or authors. (SCS 2.3)

16. Describe your mechanism for *resolving* all conflicts of interest prior to an activity. (SCS 2.3)

17. Describe your mechanism for *disclosing* relevant financial relationships of the planning committee members and faculty for individual CME activities including enduring materials, if applicable. (SCS 6.1 – 6.5)



18. Describe your faculty disclosure mechanisms for regularly scheduled series, e.g., Tumor Boards, if applicable.
19. Using an example, describe how your policies, procedures, practices allow you to control content, manage funds, and separate promotion from education. (SCS 1.2)
20. If your organization accepts commercial support
- Describe your process(es) for the receipt and disbursement of commercial support – both funds and in-kind support. Include in the description how you ensure that advice or services related to faculty, authors, participants, or educational matters, including content, are not conditions of the commercial support. (SCS 3.1 – 3.3)
 - Describe how social events do not compete with or take precedence over educational activities. (SCS 3.11)
 - Describe any role commercial interests may play in your CME activities besides providing commercial support. (SCS 4.5)



21. Essential Area 2: Educational Planning – Criterion 9-10: Standard for Commercial Support – Separation of Education from Promotion; Promotion of Improvements in Healthcare

- Describe how you ensure that activities promote improvements in healthcare and not the proprietary interests of a commercial interest.
- If you have **commercial exhibits** with any of your CME activities, describe how your organization ensures that the exhibits do not influence planning or interfere with the presentation and are not a condition of commercial support. (SCS 4.1)
- If you accept **advertisements** in association with your CME activities, describe how it is ensured that education and product-promotion are kept separate. (SCS 4.2, 4.4)
- Describe how you ensure that educational materials do not contain advertising or trade names. (SCS 4.5)



**ESSENTIAL AREA 3: EVALUATION AND
IMPROVEMENT**



Essential Area and Element(s)	Criteria for Compliance
<p data-bbox="142 632 175 1339" style="writing-mode: vertical-rl; transform: rotate(180deg);">Essential Area 3: Evaluation and Improvement</p> <p data-bbox="285 373 602 558">The provider must, E 2.4 Evaluate the effectiveness of its CME activities in meeting identified educational needs.</p> <p data-bbox="285 596 630 781">E 2.5 Evaluate the effectiveness of its overall CME program and make improvements to the program.</p>	<p data-bbox="667 373 1365 506">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 data-bbox="667 552 1398 716">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 data-bbox="667 762 1390 968">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 data-bbox="667 1014 1365 1178">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 data-bbox="667 1224 1390 1356">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>



22. **Can you report that you have met your CME mission? What are the elements that are critical to your success – that must be preserved?**

23. **Based on what you know about how well your organization's overall CME program is doing, have you identified areas for improvement? If so, what are some of those areas? How do these areas relate to your mission? If you have not yet identified areas for improvement how could you begin this process? Who might you enlist to help identify areas for improvement?**

24. **If you identified areas for improvement did you then implement changes in your CME program to make those improvements? What were some of the changes that you made? (Please enter your changes on the chart on the next page)**

25. **If you made improvements to your overall CME program, have the changes impacted your organization's ability to meet its CME Mission? How do you know? If you're not sure, how could you assess the impact of your improvements?**

26. **Describe how you evaluate the effectiveness of your CME activities in meeting the different types of educational needs you have identified and for which CME activities are designed?**

27. **What are the links between the needs assessment data and the evaluation of the activity?**

28. **How do you use the evaluation results from your CME activities to determine the degree to which you have met your CME mission? What is your criteria for determining that you have successfully met the CME mission?**

29. **Do you further evaluate your activities if changes were required? Did your evaluation of activities tell you if change occurred? Did the change address the need you had identified?**



Accreditation with Commendation

In keeping with new ACCME practices, we would like providers to report on their engagement practices by responding to Application questions related to Criteria 16-22, **whether or not they are seeking Commendation**. This will help us to better understand the scope of these practices in the CME provider community and to inform the decision-making process.

Site Surveyors will report a finding of “not applicable” if no information is submitted on one or more of Criteria 16 through 22. Site Surveyors will report findings of “compliance” or “noncompliance” if information on Criteria 16-22 is submitted. Findings of noncompliance for Criteria 16-22 will not impact the provider’s accreditation status.



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>



REQUIRED ATTACHMENTS

- If your organization integrates CME in the process for improving professional practice, show how this integration occurs. Examples should be explicit organizational practices that have been implemented or planned.
 - If non-education strategies are used to enhance change as an adjunct to CME activities, provide specific examples.
 - Provide a list of other stakeholders with whom bridges have been built through collaboration and cooperation to improve professional practice.
-

31. *How does the CME program engage with its environment to improve professional practice? Who are your stakeholders? (C16)*

32. *Do non-educational strategies enhance change as an adjunct to CME activities? (C17)*

33. *Do you identify outside factors which impact patient outcomes and over which the organization has no control? How has this been done and what has been the outcome? (C18 – C19)*

34. *Describe any collaborative efforts in which you are engaged to improve patient outcomes? Who are the stakeholders? (C20)*

35. *Describe your institutional interaction with quality/performance improvement. Provide specific procedures and practices that support organizational influence on the scope and content of educational interventions.*



Section III
Program Summary



Self-Assessment and Improvement Plans

36. Provide a program summary that, at a minimum, addresses the following areas:
- An assessment of your CME program in the environment described on page 7.
 - A summary of your CME program strengths and areas for improvement.
 - A description of specific plans for addressing improvements.
 - Future direction of the CME program in your organization.



List of Required Attachments

1.	A copy of your most recently approved CME mission statement.	
2.	Documentation of the review and approval of the CME mission by appropriate individuals/committees.	
3.	A copy of your disclosure policy.	
4.	A copy of your Conflict of Interest/Disclosure Form.	
5.	An example of how you document that faculty disclosure has been made to the learners for both a single CME activity and, if applicable, a regularly scheduled series.	
6.	Policies and procedures related to commercial support.	
7.	An example of how commercial support is acknowledged to learners.	
8.	A copy of a signed Letter of Agreement with a commercial supporter (if you accept commercial support).	
9.	An example of your policy for governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.	
10.	List of joint sponsors, if applicable.	
11.	A signed agreement with a joint sponsor, if applicable.	
12.	Example of organizational practices that improve professional practice.	
13.	Non-education strategies that enhance CME activities.	
14.	List of CME stakeholders/collaborators to improve professional practice.	
15.	A copy of one complete activity file.	
16.	Two copies of each enduring material, if applicable.	
17.	Two copies of a journal CME activity, if applicable.	

