



ISMS ACCREDITATION SURVEYORS' REPORT

ISMS SURVEYORS' REPORT

PROVIDER

NAME	
ADDRESS	
TELEPHONE	
CME DIRECTOR(S)/CHAIR(S)	
CME STAFF MEMBER(S)	

SURVEY TEAM

NAME	ROLE	PHONE
	Lead Surveyor	
	Co-Surveyor	
	ISMS Staff	

COMMENTS ON PREVIOUS SITE SURVEY

The surveyors have reviewed the report from the last site survey and investigated specific areas noted in that report. The provider has responded to the recommendations in the following manner.

PERSONS INTERVIEWED DURING THE SITE VISIT

Essential Area 1: Purpose and Mission

Criterion 1

The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

	YES	NO
1. The provider has a CME mission statement that includes all of the basic components: CME purpose, content areas, target audience, type of activities.		
2. The provider has a CME mission statement with expected results articulated in terms of changes in competence, or performance or patient outcomes.		
3. The CME mission statement was formally reviewed by the organization's governing bodies during this accreditation period.		

Comments:

Essential Area 2: Education & Planning

Criterion 2

The provider incorporates into CME activities the educational needs (knowledge, competence or performance) that underlie the professional practice gaps of their own learners.

	YES	NO
1. The provider identifies the professional practice gaps of its learners, i.e., the gap between <i>current</i> practices or outcomes and <i>desirable</i> practices or outcomes, when planning its CME activities.		
2. The provider uses these practice gaps to identify the underlying learning needs and expresses them in terms of learners' knowledge, competence, or performance.		
3. The provider utilizes appropriate sources of data, e.g., QI, PI or utilization review data, public health statistics, literature or surveys, to determine the educational needs and gaps of their own learners.		

Comments:

Criterion 3

The provider generates activities/educational interventions that are designed to change competence, performance or patient outcomes as described in its mission statement.

	YES	NO	N/A
1. The provider writes behaviorally-oriented learning objectives that address the identified learning needs.			
2. The provider communicates the learning objectives to participants prior to the start of its activities.			
3. The provider prepares global objectives for its Regularly Scheduled Series, e.g., Tumor Boards, M&M Conferences, Journal Clubs.			
4. The provider generates activities that contribute to their CME mission statement's goal of changing competence, performance or patient outcomes.			

Comments:

Criterion 4

The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.

	YES	NO
1. The provider identifies the target audience/learners for which its programs are designed.		
2. The provider develops activities that relate to the current or future professional activities of its target audience/learners.		

Comments:

Criterion 5

The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.

	YES	NO
The provider's choice of educational formats takes into account the needs, learning objectives and desired results of its activities.		

Comments:

Criterion 6

The provider develops activities/educational interventions in the context of desirable physician attributes [e.g., Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) Competencies].

	YES	NO
The provider identifies the desirable physician attributes it will focus on when planning its CME activities/educational interventions.		

Comments:

Criterion 7**The provider develops activities/educational interventions independent of commercial interests. (SCS 1, 2, 6)**

	YES	NO
SCS 1.1: The provider ensures that the following decisions are made free of the control of a commercial interest: 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 f. Evaluation of the activity.		
SCS 1.2: The provider ensures that a commercial interest does not take the role of non-accredited partner in a joint sponsorship relationship.		
SCS 2.1: The provider ensures that everyone who is in a position to control the content of an educational activity has disclosed to the provider all relevant financial relationships with any commercial interest.		
SCS 2.2: The provider ensures that any 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 will not have control of, or responsibility for, the development, management, presentation or evaluation of CME activities.		
SCS 2.3: The provider implements a mechanism to identify and resolve all conflicts of interest prior to the delivery of educational activities to learners.		
SCS 6.1: The provider ensures that disclosure of relevant financial relationships to the learners includes the name of the individual, the name of the commercial interests and the nature of the relationships.		
SCS 6.2: The provider ensures that learners are informed when there are no relevant financial relationships to disclose.		
SCS 6.3: The provider ensures that the source and nature of all support from commercial interests, including "in-kind" support, is disclosed to learners.		
SCS 6.4: The provider ensures that 'Disclosure' does not include the use of a trade name or a product-group message.		
SCS 6.5: The provider ensures that the all disclosure information is made to learners prior to the beginning of its educational activities.		

Comments:

Criterion 8

The provider appropriately manages commercial support, if applicable. (SCS 3)

	YES	NO	N/A
Did the provider accept commercial support during this accreditation period?			
SCS 3.1: The provider makes all decisions regarding the disposition and disbursement of commercial support			
SCS 3.2: The provider does not accept advice or services from a commercial interest as conditions of contributing funds or services.			
SCS 3.3: The provider ensures that all commercial support associated with CME activities is given with their full knowledge and approval.			
SCS 3.4 & 3.5: The provider utilizes written agreements that specify the source of commercial support and describe the terms/conditions/purposes of the commercial support.			
SCS 3.6: The provider ensures that all written agreements are signed by the provider and the commercial supporter.			
SCS 3.7: The provider has written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.			
SCS 3.8: The provider ensures that the provider, the joint sponsor, and/or the designated educational partner pay directly any faculty honoraria or out-of-pocket expenses in compliance with the provider's written policies and procedures.			
SCS 3.9: The provider ensures that no other payments are made to the director of the activity, the planning committee members, teachers/authors, joint sponsor, or any others involved with the supported activity.			
SCS 3.10: The provider ensures that teachers or authors are reimbursed and paid honoraria only for their teacher or author role.			
SCS 3.11: The provider ensures that neither social events nor meals at CME activities compete with, or take precedence over, the activity/educational intervention.			
SCS 3.12: The provider ensures that commercial support is not used to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity, unless these individuals are bona fide employees or volunteers of the provider, joint sponsor or educational partner.			
SCS 3.13: The provider can produce accurate documentation detailing the receipt and expenditure of the commercial support.			

Comments:

Criterion 9

The provider maintains a separation of promotion from education. (SCS 4)

	YES	NO	N/A
SCS 4.1: The provider ensures that arrangements for commercial exhibits or advertisements do not influence the planning or interfere with the presentation, and that they are not a condition of the provision of commercial support for CME activities.			
SCS 4.2: The provider ensures that product/promotional materials or product-specific advertisements of any type do not occur during CME activities. <ul style="list-style-type: none"> a. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. b. Live, printed or electronic promotional activities must be kept separate from CME. c. <u>For print</u>, advertisements and promotional materials will not be interleaved 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. d. <u>For computer based</u>, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content. e. <u>For audio and video recording</u>, advertisements and promotional materials will not be included within the CME. There will be no 'commercial breaks.' f. <u>For live, face-to-face CME</u>, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. g. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity. 			
SCS 4.3: The provider ensures that educational materials that are part of a CME activity, such as slides, abstracts and handouts, do not contain any advertising, trade names or product-group messages.			
SCS 4.4: The provider ensures that 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, <i>may be allowed to include</i> product-promotion or product-specific advertisement.			

Comments:

Criterion 10

The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest. (SCS 5)

	YES	NO
SCS 5.1: The provider ensures that the content or format of a CME activity, or its related materials, promotes improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.		
SCS 5.2: The provider ensures that presentations give a balanced view of therapeutic options and use generic names or multiple company trade names, if applicable.		

Comments:

Essential Area 3: Evaluation and Improvement

Criterion 11

The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

	YES	NO	N/A
1. The provider selects appropriate evaluation strategies when the expected learning outcome is a change in:			
• Competence			
• Performance			
• Patient Outcomes			
2. The provider selects appropriate evaluation strategies to evaluate the effectiveness of Regularly Scheduled Series , e.g., Tumor Board, M&M Conference, in changing:			
• Competence			
• Performance			
• Patient Outcomes			
3. Periodically, the provider looks as summary data derived from individual activities to assess if its overall CME program is affecting changes in competence or performance or patient outcomes.			

Comments:

Criterion 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.

	YES	NO
1. The provider identifies key data it will use to determine how well its overall program meets the five components of its mission i.e., CME purpose, content areas, target audience, types of activities and expected results.		
2. The provider uses this data to conduct its overall program evaluation.		
3. The provider appropriately documents its overall assessment of its CME Program, e.g., in annual reports, committee minutes, etc.		

Comments:

Criterion 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.

	YES	NO
1. The provider uses the evaluation of its overall CME program to identify needed improvements to its CME program.		
2. The provider has implemented a strategy for making the identified improvements.		

Comments:

Criterion 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.

	YES	NO
The provider demonstrates that the organizational improvements identified in C13 are underway or completed.		

Comments:

Criterion 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.

	YES	NO
The provider assesses how improvements to its overall CME program impact their ability to meet their CME mission.		

Comments:

Accreditation with Commendation

Surveyors: Please provide examples, where possible, when "YES" is checked for C16 - C22.

Criterion 16

The provider operates in a manner that integrates CME into the process for improving professional practice.

	YES	NO
The provider operates in a manner that integrates CME into the process for improving professional practice.		

Comments:

Criterion 17

The provider utilizes non-education strategies to enhance change as an adjunct to its activities/ educational interventions (e.g., reminders, patient feedback).

	YES	NO
The provider has examples of non-education strategies it has used to enhance change as an adjunct to its activities/ educational interventions.		

Comments:

Criterion 18

The provider identifies factors outside the provider's control that impact on patient outcomes.

	YES	NO
As part of its planning process, the provider identifies factors outside their control that impact on patient outcomes.		

Comments:

Criterion 19

The provider implements educational strategies to remove, overcome or address barriers to physician change.

	YES	NO
The provider implements educational strategies to remove, overcome or address barriers to physician change.		

Comments:

Criterion 20

The provider builds bridges with other stakeholders through collaboration and cooperation.

	YES	NO
The provider identifies other internal or external stakeholders (e.g., other departments, local chapters of national organizations, IDPH) who can help to facilitate change when appropriate.		

Comments:

Criterion 21

The provider participates within an institutional or system framework for quality improvement.

	YES	NO
The provider participates within an institutional or system framework for quality improvement.		

Comments:

Criterion 22

The provider is positioned to influence the scope and content of activities/educational interventions.

	YES	NO
The provider is positioned to influence the scope and content of activities/educational interventions.		

Comments:

POLICIES

	YES	NO	N/A
1. ACCREDITATION STATEMENT POLICY: The provider ensures that the correct ISMS accreditation statement is used.			
2. PHYSICIAN PARTICIPATION POLICY: The provider can verify physician participation in a CME activity for six years after the date of the activity and can provide to all physicians a certificate of attendance or a transcript of earned <i>AMA PRA Category 1 Credit™</i> .			
3. RECORDS RETENTION/ACTIVITY DOCUMENTATION POLICY: The provider retains records/files for the current accreditation period or the last twelve months, whichever is longer.			
	YES	NO	N/A
4. CULTURAL COMPETENCY: The provider considers cultural issues (race, gender, age, ethnicity, etc.) that may impact on patient care and uses these issues in the planning of CME activities.			
5. AMA PRA CREDIT STATEMENT The provider ensures that the correct AMA PRA credit designation statement is used. (Most recent update should be seen on activities after July 1, 2011.)			
6. JOINT SPONSORSHIP: The provider engages in joint sponsorship.			
<ul style="list-style-type: none"> • IF YES: All printed materials for jointly sponsored activities carry the appropriate accreditation statement. 			
<ul style="list-style-type: none"> • IF YES: The accredited provider uses specific written policies and operating procedures to effectively govern the planning and implementation of its jointly sponsored activities. 			
<ul style="list-style-type: none"> • IF YES: The provider has written documentation that demonstrates how each jointly sponsored CME activity was planned and implemented in compliance with the ISMS Accreditation Policies and Procedures. 			

SURVEYORS' OVERALL COMMENTS AND FINAL REPORT:

We certify that we completed this site survey on

Lead Surveyor

Co-Surveyor

ISMS Staff

Items Collected During Site Survey